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SALUS POPULI SUPREMA LEX ESTO

*"The welfare of the people shall be the supreme law."*



ROBIN CARNAHAN  
SECRETARY OF STATE

# MISSOURI REGISTER

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May 1, 2012 May 15, 2012	June 1, 2012 June 15, 2012	June 30, 2012 June 30, 2012	July 30, 2012 July 30, 2012

Documents will be accepted for filing on all regular workdays from 8:00 a.m. until 5:00 p.m. We encourage early filings to facilitate the timely publication of the *Missouri Register*. Orders of Rulemaking appearing in the *Missouri Register* will be published in the *Code of State Regulations* and become effective as listed in the chart above. Advance notice of large volume filings will facilitate their timely publication. We reserve the right to change the schedule due to special circumstances. Please check the latest publication to verify that no changes have been made in this schedule. To review the entire year's schedule, please check out the website at <http://www.sos.mo.gov/adrules/pubsched.asp>

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The *Missouri Register* and the *Code of State Regulations*, as required by the Missouri Documents Law (section 181.100, RSMo Supp. 2011), are available in the listed participating libraries, as selected by the Missouri State Library:

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Washington University Law Library Washington University Campus Box 1171, Mudd Bldg., One Brookings Dr. St. Louis, MO 63130-4899 (314) 935-6443	Kansas City Public Library 14 West 10th Street Kansas City, MO 64105 (816) 701-3546	Library State Historical Society of Missouri 1020 Lowry St. Columbia, MO 65211-7298 (573) 882-9369	Springfield-Greene County Library 4653 S. Campbell Springfield, MO 65801-0760 (417) 874-8110
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## HOW TO CITE RULES AND RSMo

**RULES**—Cite material in the *Missouri Register* by volume and page number, for example, Vol. 28, *Missouri Register*, page 27. The approved short form of citation is 28 MoReg 27.

The rules are codified in the *Code of State Regulations* in this system—

Title	Code of State Regulations	Division	Chapter	Rule
1	CSR	10-	1.	010
Department		Agency, Division	General area regulated	Specific area regulated

They are properly cited by using the full citation , i.e., 1 CSR 10-1.010.

Each department of state government is assigned a title. Each agency or division within the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraph 1., subparagraph A., part (I), subpart (a), item I. and subitem a.

**RSMo**—The most recent version of the statute containing the section number and the date.

**T**he Secretary of State shall publish all executive orders beginning January 1, 2003, pursuant to section 536.035.2, RSMo Supp. 2011.

## EXECUTIVE ORDER 11-24

WHEREAS, Section 105.454(5), RSMo, requires the Governor to designate those members of his staff who have supervisory authority over each department, division or agency of the state government.

NOW THEREFORE, I, JEREMIAH W. (JAY) NIXON, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by the Constitution and laws of the State of Missouri, do hereby designate the following members of my staff as having supervisory authority over the following departments, divisions or agencies:


Office of Administration	Kristy Manning
Department of Agriculture	Doug Nelson
Department of Conservation	Jeff Harris
Department of Corrections	Edward R. Ardini, Jr.
Department of Economic Development	Doug Nelson
Department of Elementary and Secondary Education	Mike Nietzel
Department of Health and Senior Services	Gail Vasterling
Department of Higher Education	Mike Nietzel
Department of Insurance, Financial Institutions and Professional Registration	Deborah Price
Department of Labor and Industrial Relations	Jeff Harris
Department of Mental Health	Gail Vasterling
Department of Natural Resources	Doug Nelson
Department of Public Safety	Edward R. Ardini, Jr.
Department of Revenue	Jeff Harris
Department of Social Services	Mike Nietzel
Department of Transportation	Daniel Hall
Missouri Housing Development Commission	Brian May
Boards Assigned to the Governor	Damion Trasada
Unassigned Boards and Commissions	Deborah Price



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 18<sup>th</sup> day of November, 2011.

  
Jeremiah W. (Jay) Nixon  
Governor

ATTEST:

  
Robin Carnahan  
Secretary of State

**U**nder this heading will appear the text of proposed rules and changes. The notice of proposed rulemaking is required to contain an explanation of any new rule or any change in an existing rule and the reasons therefor. This is set out in the Purpose section with each rule. Also required is a citation to the legal authority to make rules. This appears following the text of the rule, after the word "Authority."

**E**ntirely new rules are printed without any special symbolology under the heading of the proposed rule. If an existing rule is to be amended or rescinded, it will have a heading of proposed amendment or proposed rescission. Rules which are proposed to be amended will have new matter printed in boldface type and matter to be deleted placed in brackets.

**A**n important function of the *Missouri Register* is to solicit and encourage public participation in the rulemaking process. The law provides that for every proposed rule, amendment, or rescission there must be a notice that anyone may comment on the proposed action. This comment may take different forms.

**I**f an agency is required by statute to hold a public hearing before making any new rules, then a Notice of Public Hearing will appear following the text of the rule. Hearing dates must be at least thirty (30) days after publication of the notice in the *Missouri Register*. If no hearing is planned or required, the agency must give a Notice to Submit Comments. This allows anyone to file statements in support of or in opposition to the proposed action with the agency within a specified time, no less than thirty (30) days after publication of the notice in the *Missouri Register*.

**A**n agency may hold a public hearing on a rule even though not required by law to hold one. If an agency allows comments to be received following the hearing date, the close of comments date will be used as the beginning day in the ninety (90)-day-count necessary for the filing of the order of rulemaking.

**I**f an agency decides to hold a public hearing after planning not to, it must withdraw the earlier notice and file a new notice of proposed rulemaking and schedule a hearing for a date not less than thirty (30) days from the date of publication of the new notice.

Proposed Amendment Text Reminder:

**Boldface text indicates new matter.**

*[Bracketed text indicates matter being deleted.]*

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT  
Division 170—Missouri Housing Development  
Commission  
Chapter 7—Missouri Housing Trust Fund**

**PROPOSED RESCISSION**

**4 CSR 170-7.010 Introduction.** This rule established guidelines to assist the Missouri Housing Development Commission in the implementation of the Missouri Housing Trust Fund and allowed the commission to comply with the provisions of H.B. 1745 (affordable housing). This rule applied solely to the designated funds received from the user fee established in section 59.319, RSMo, or other funds as determined by the commission.

*PURPOSE: This rule is being rescinded and replaced with a new rule that establishes guidelines to assist the Missouri Housing*

*Development Commission in the implementation of the Missouri Housing Trust Fund and allows the commission to comply with the provisions of H.B. 1745 (affordable housing).*

*AUTHORITY: section 215.030(5), (12), and (19), RSMo 1994. Original rule filed Sept. 18, 1995, effective Feb. 25, 1996. Rescinded: Filed Nov. 30, 2011.*

*PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Missouri Housing Development Commission, Attn: Weylin Watson, General Counsel, 3435 Broadway, Kansas City, MO 64111. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT  
Division 170—Missouri Housing Development  
Commission  
Chapter 7—Missouri Housing Trust Fund**

**PROPOSED RESCISSION**

**4 CSR 170-7.020 Definitions.** This rule defined terms used in the implementation of the Missouri Housing Trust Fund.

*PURPOSE: This rule is being rescinded and replaced with a new rule that defines terms used in the implementation of the Missouri Housing Trust Fund.*

*AUTHORITY: section 215.030(5), (12), and (19), RSMo 1994. Original rule filed Sept. 18, 1995, effective Feb. 25, 1996. Rescinded: Filed Nov. 30, 2011.*

*PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Missouri Housing Development Commission, Attn: Weylin Watson, General Counsel, 3435 Broadway, Kansas City, MO 64111. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT  
Division 170—Missouri Housing Development  
Commission  
Chapter 7—Missouri Housing Trust Fund**

**PROPOSED RESCISSION**

**4 CSR 170-7.030 Preparation of Application.** This rule established the procedures for submitting proposals and the criteria and priorities for the approval or disapproval of such proposals.

*PURPOSE: This rule is being rescinded and replaced with a new rule that establishes the procedures for submitting proposals, identifies requirements for filing a proposal for Missouri Housing Trust Fund funds, and establishes criteria and priorities for the approval or disapproval of such proposals.*

*AUTHORITY: section 215.030(5), (12), and (19), RSMo 1994. Original rule filed Sept. 18, 1995, effective Feb. 25, 1996. Rescinded: Filed Nov. 30, 2011.*

*PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Missouri Housing Development Commission, Attn: Weylin Watson, General Counsel, 3435 Broadway, Kansas City, MO 64111. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT  
Division 170—Missouri Housing Development  
Commission  
Chapter 7—Missouri Housing Trust Fund**

**PROPOSED RESCISSION**

**4 CSR 170-7.040 Application and Notification Process.** This rule established procedures and identified requirements for filing an application for the Missouri Housing Trust Fund.

*PURPOSE: This rule is being rescinded and replaced with a new rule that establishes processes recipients of Missouri Housing Trust Fund awards must abide by in order to receive and retain Missouri Housing Trust Fund funds.*

*AUTHORITY: section 215.030(5), (12), and (19), RSMo 1994. Original rule filed Sept. 18, 1995, effective Feb. 25, 1996. Rescinded: Filed Nov. 30, 2011.*

*PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Missouri Housing Development Commission, Attn: Weylin Watson, General Counsel, 3435 Broadway, Kansas City, MO 64111. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT  
Division 170—Missouri Housing Development  
Commission  
Chapter 7—Missouri Housing Trust Fund**

**PROPOSED RESCISSION**

**4 CSR 170-7.050 Compliance Requirements.** This rule established the compliance requirements for the Missouri Housing Trust Fund.

*PURPOSE: This rule is being rescinded and replaced with a new rule that establishes the compliance requirements for the Missouri Housing Trust Fund (MHTF) and grounds upon which disbursement of MHTF grant funds may be suspended and when MHTF funds may be recaptured from a grantee.*

*AUTHORITY: section 215.030(5), (12), and (19), RSMo 1994. Original rule filed Sept. 18, 1995, effective Feb. 25, 1996. Rescinded: Filed Nov. 30, 2011.*

*PUBLIC COST: This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Missouri Housing Development Commission, Attn: Weylin Watson, General Counsel, 3435 Broadway, Kansas City, MO 64111. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT  
Division 170—Missouri Housing Development  
Commission  
Chapter 7—Missouri Housing Trust Fund**

**PROPOSED RULE**

**4 CSR 170-7.100 Introduction**

*PURPOSE: This rule establishes guidelines to assist the Missouri Housing Development Commission in the implementation of the Missouri Housing Trust Fund and allows the commission to comply with the provisions of H.B. 1745 (1994) (affordable housing). This rule applies solely to the designated funds received from the user fee established in section 59.319, RSMo, or other funds as determined by the commission.*

(1) Funds from the Missouri Housing Trust Fund (MHTF) shall be administered by the trust fund department. The trust fund manager shall supervise the day-to-day operations of the trust fund department. The trust fund manager shall report to the director or such other member of the Missouri Housing Development Commission's (commission) senior management as the director may deem appropriate.

(2) The trust fund department shall maintain the advisory committee to aid and enhance the overall mission of the MHTF by providing advice to the trust fund department regarding policies, procedures, and guidelines set by the trust fund department. The advisory committee shall be a public governmental body for purposes of section



610, RSMo, and shall be bound to abide by that and all other applicable state laws.

(A) Meetings of the advisory committee—

1. The advisory committee shall meet on a quarterly basis with the dates of such meetings to be set by the trust fund manager and/or the director;

2. In order for a meeting to be valid, a quorum of the advisory committee must be present. The number of members constituting a quorum shall be as set forth in the advisory committee's by-laws, but in no event may a quorum be less than a majority of the members of the advisory committee; and

3. All meetings of the advisory committee shall be "public meetings," as such term is defined in section 610, RSMo. Notices of all advisory committee meetings shall be provided in a manner consistent with section 610, RSMo.

(B) The following individuals shall be required to attend all advisory committee meetings:

1. Members of the advisory committee;

2. The trust fund manager; and

3. All other members of the trust fund department whom the trust fund manager shall deem appropriate and/or necessary.

(C) Composition of the advisory committee—

1. The advisory committee shall be composed of twenty-five (25) members, consisting of the following:

A. Fifteen (15) of the members shall be representatives of agencies receiving MHTF funds from the commission for the funding year in which they are being appointed;

B. Four (4) of the members shall be representatives of agencies whose applications were not selected to receive MHTF funds from the commission for the funding year in which they are being appointed; and

C. Six (6) of the members shall be representatives from agencies at-large in the state (at least two (2) of which must come from the Missouri Metropolitan Continuum of Care);

2. At the end of each two (2) year term, one third (1/3) of the representatives of the existing Advisory Committee shall be retained. Retention of representatives shall be handled in the same manner as appointment (as set forth in 4 CSR 170-7.100(2)(D)1. below), provided, however, that in no instance may the overall composition of the advisory committee deviate from the requirements set forth in 4 CSR 170-7.100(2)(C)1.; and

3. The advisory committee shall have such officers as may be established by the advisory committee by-laws. The advisory committee by-laws shall set forth the duties of each officer, as well as any rules regarding the officer positions, including, but not limited to, processes for electing and/or replacing officers, processes for removing officers from office, and rules on term limits.

(D) Appointment, resignation, and removal of advisory committee members—

1. Members of the advisory committee shall be appointed by joint decision of the director, the commission's director of operations, and the trust fund manager.

A. Appointments shall be made prior to the second advisory committee meeting every other calendar year.

B. Appointees shall serve terms of two (2) years and may not serve more than three (3) consecutive terms.

C. Members of the advisory committee shall not be reimbursed for their participation on the advisory committee;

2. Any member of the advisory committee may be removed upon an affirmative vote for removal by two thirds (2/3) of the members of the entire advisory committee;

3. Any member of the advisory committee wishing to resign from the advisory committee shall submit a written resignation to the advisory committee chairman or the trust fund manager; and

4. Any member of the advisory committee who fails to attend any two (2) consecutive committee meetings during their term shall be ineligible for retention on or re-appointment to the advisory committee. Failure to attend any subcommittee meeting shall not be

counted toward the two (2) absence rule.

(E) The advisory committee shall adopt by-laws governing its operation and shall keep a current copy of its by-laws on file with the trust fund manager. The by-laws may be amended, repealed, or modified by an affirmative vote of the majority of the advisory committee members at a regularly scheduled meeting, provided that any proposed changes are mailed to all advisory committee members at least two (2) weeks prior to the meeting where such vote is to be held. If any provision in the by-laws of the advisory committee conflicts with any rules established in these regulations or the state housing act, such provision in the by-laws shall be null and void.

(3) The commission staff shall, pursuant to the provisions of this chapter, provide application forms to housing provider organizations wishing to apply for, in whole or in part, grants or loans from the MHTF for the development of housing stock and/or to provide housing assistance to low income persons.

*AUTHORITY: section 215.030(5), (12), and (19), RSMo 2000. Material in this rule was originally filed as 4 CSR 170-7.010. Original rule filed Nov. 30, 2011.*

*PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Housing Development Commission, Attn: Weylin Watson, General Counsel, 3435 Broadway, Kansas City, MO 64111. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT  
Division 170—Missouri Housing Development  
Commission  
Chapter 7—Missouri Housing Trust Fund**

**PROPOSED RULE**

**4 CSR 170-7.200 Definitions**

*PURPOSE: This rule defines terms used in the implementation of the Missouri Housing Trust Fund.*

*PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.*

(1) As used in this chapter, all terms not otherwise defined herein shall have the meanings set forth in the state housing act and, as applicable, in 4 CSR 170-1.100. For purposes of this chapter, the following terms shall have the following meanings:

(A) Adjusted income. An amount equal to adjusted income as such amount is defined under Title 24, *Code of Federal Regulations*, Part 5, published annually in April, herein incorporated by reference and made a part of this rule, as published by the United States

Superintendent of Documents, 732 N Capital Street NW, Washington, DC 20402-0001, phone: toll free (866) 512-1800, DC area (202) 512-1800, website: <http://bookstore.gpo.gov> (This rule does not incorporate any subsequent amendments or additions.);

(B) Advisory committee. The advisory committee shall be the committee established and maintained under 4 CSR 170-7.100(2);

(C) Affordable housing unit. A residential unit generally occupied by persons and families with incomes at or below the levels described in this rule and charging a gross rental rate no greater than the levels set forth in section 215.037.1, RSMo (as the same may be amended from time-to-time), reduced by the utility allowance, if applicable;

(D) Applicant(s). Shall refer to any entity applying for a grant or loan of Missouri Housing Trust Fund (MHTF) funds by submitting a proposal application form to the Missouri Housing Development Commission (commission);

(E) Application proposal guide. The application proposal guide adopted by the trust fund department from time-to-time pursuant to 4 CSR 170-7.300(3);

(F) Commissioners. The appointed and ex officio members of the commission or their lawfully authorized designees;

(G) Committee of directors. The committee of directors shall be a three (3) person committee comprised of the commission's director, director of rental production, and director of finance;

(H) Competent and substantial evidence. Evidence that is reliable and probative and which a reasonable mind could accept as adequate to support a conclusion (i.e., evidence upon which the party rendering a determination could reasonably base its decision);

(I) Compliance period. The compliance period set forth in the applicable land use restriction agreement or regulatory agreement recorded on the MHTF development pursuant to the requirements of this chapter;

(J) Eligible low income persons or families at or below fifty percent (50%) of median income, adjusted for family size. Persons or families whose household combined, adjusted income is equal to or less than the percentages set forth in section 215.036.2, RSMo (as the same may be amended from time-to-time);

(K) Eligible low income persons or families at or below twenty-five percent (25%) of median income, adjusted for family size. Persons or families whose household combined, adjusted income is equal to or less than the percentages set forth in section 215.036.3, RSMo (as the same may be amended from time-to-time);

(L) MHTF development(s)/MHTF activity. Any development or activities eligible for assistance under section 215.038, RSMo (as the same may be amended from time-to-time);

(M) Housing provider organization. Any organization or firm performing housing development activities, community services, or economic activities in Missouri;

(N) Grantee(s). Any entity receiving a grant of MHTF funds under this chapter;

(O) MHTF. The Missouri Housing Trust Fund, as codified in sections 215.034–215.039, RSMo, as may be amended from time-to-time;

(P) MHTF NOFA. A notice of funding availability (NOFA) for MHTF funds as approved from time-to-time by the commission pursuant to 4 CSR 170-7.300(2);

(Q) Missouri Metropolitan Continuum of Care. Collectively, the St. Louis City Continuum of Care (City of St. Louis, Missouri), St. Louis County Continuum of Care (St. Louis County), Kansas City Continuum of Care (Jackson County), St. Joseph Continuum of Care (Andrew County, DeKalb County, and Buchanan County), Joplin Continuum of Care (Jasper County and Newton County), Springfield Continuum of Care (Christian County, Green County, and Webster County) and St. Charles Continuum of Care (Lincoln County, Warren County, and St. Charles County).

(R) Proposal. A written application by one (1) or more housing provider organizations requesting MHTF funds for any MHTF development/MHTF activity in order to provide assistance to eligible per-

sons or families in a manner consistent with the MHTF;

(S) Proposal application form. The application form adopted by the trust fund department from time-to-time pursuant to 4 CSR 170-7.300(1);

(T) Recaptured funds. All MHTF funds recaptured pursuant to 4 CSR 170-7.400(2);

(U) Trust fund manager. The individual hired by the director to manage and supervise the trust fund department;

(V) Trust fund department. The department established by the director to administer all MHTF funds awarded by the commission; and

(W) Utility allowance. The utility allowance for purposes of calculating gross rent under section 215.037.1, RSMo (as the same may be amended from time-to-time), shall be calculated using the method set forth under Treas. Reg. Section 1.42-10(b)(4)(ii)(B) (T.D. 8520, 59 FR 10073, March 3, 1994, as amended by T.D. 9420, 73 FR 43867, July 29, 2008), herein incorporated by reference and made a part of this rule, as published by the Office of the Federal Register, National Archives and Records Administration, 800 North Capitol Street NW, Suite 700, Washington, DC 20001, phone: (202) 741-6000, website: <http://www.archives.gov/federal-register/> (This rule does not incorporate any subsequent amendments or additions.), unless the local utility company is unable or unwilling to provide estimates necessary for calculating the utility allowance under such section, in which case the method for calculating utility allowances set forth in Treas. Reg. Section 1.42-10(b)(4)(ii)(A) (T.D. 8520, 59 FR 10073, March 3, 1994, as amended by T.D. 9420, 73 FR 43867, July 29, 2008), herein incorporated by reference and made a part of this rule, as published by the Office of the Federal Register, National Archives and Records Administration, 800 North Capitol Street NW, Suite 700, Washington, DC 20001, phone: (202) 741-6000, website: <http://www.archives.gov/federal-register/> (This rule does not incorporate any subsequent amendments or additions.) shall be used.

*AUTHORITY: section 215.030(5), (12), and (19), RSMo 2000. Material in this rule originally filed as 4 CSR 170-7.020. Original rule filed Nov. 30, 2011.*

*PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Housing Development Commission, Attn: Weylin Watson, General Counsel, 3435 Broadway, Kansas City, MO 64111. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT  
Division 170—Missouri Housing Development  
Commission  
Chapter 7—Missouri Housing Trust Fund**

**PROPOSED RULE**

**4 CSR 170-7.300 Proposal Application, Selection, and Notification Processes**

*PURPOSE: This rule establishes the procedures for submitting proposals, identifies requirements for filing a proposal for Missouri Housing Trust Fund funds, and establishes criteria and priorities for the approval or disapproval of such proposals.*

(1) The trust fund department shall, from time-to-time, adopt a proposal application form to be used by all agencies requesting Missouri Housing Trust Fund (MHTF) funds. Any proposal application form so adopted shall meet the following requirements:

(A) The form adopted shall first require the approval of the trust fund manager and the director; and

(B) The form adopted must provide all information necessary to allow the commission to select proposals based on the requirements and criteria the commission may adopt in the allocation plan and notice of funding availability (NOFA) adopted pursuant to 4 CSR 170-7.300(2).

(2) The commission shall, from time-to-time, adopt an allocation plan and MHTF NOFA for the MHTF. After approving drafts of the allocation plan and MHTF NOFA, the commission shall hold public hearings on the same. Once public hearings have been completed, and all comments have been considered, the commission will finalize and approve the allocation plan and MHTF NOFA.

(3) Within thirty (30) days after the commission adopts an allocation plan and MHTF NOFA, the trust fund department will issue an application proposal guide which shall, at a minimum, detail the requirements for the proposal application form, the criteria to be used by the commission in selecting proposals, and a timeline for the proposal review and selection process including all pertinent deadlines related to the application process.

(4) Review and approval of proposals submitted under the MHTF NOFA.

(A) Each proposal application form submitted under the MHTF NOFA shall first be independently reviewed and scored by two (2) separate staff members of the trust fund department selected by the trust fund manager. The two (2) staff members evaluating and scoring the proposals shall evaluate such proposals using the criteria established by the commission in the allocation plan and MHTF NOFA, as well as the criteria set forth in the application proposal guide. Once each staff member has completed independently reviewing and scoring each proposal, the proposals and preliminary scores shall be provided to the trust fund manager for final review. The trust fund manager shall review each proposal and the preliminary scores tabulated by each of the two (2) staff members for completeness and accuracy. In performing this final review, the trust fund manager shall have the ability and discretion to correct errors in preliminary scores, reconcile discrepancies in the preliminary scores and otherwise adjust the results of the preliminary scores in order to ensure that the final score attributed to each proposal fully and accurately reflects its content. Once final scores are assigned to each proposal, the trust fund department will prepare recommendations for funding based on score and the allocation plan, and such recommendations will be presented to the commission, at a time established by the commission, for approval of selected proposals.

1. If any proposal involves an owner who is not in good standing with the commission under any other program administered by the commission, the proposal shall be subject to such penalties as may be set forth in the application proposal guide.

2. No proposal application form submitted after the deadline will be considered for funding.

3. If any proposal involves an owner, sponsor, or partner who is involved in any other property funded in whole or in part by MHTF funds and such property is in a current state of non-compliance with MHTF guidelines based on a determination made pursuant to 4 CSR 170-7.500, the proposal shall be subject to such penalties as may be set forth in the application proposal guide.

4. If, as of the application deadline, any proposal application form submitted to the commission is incomplete, the application shall be considered, but shall be subject to such penalties as may be set forth in the application proposal guide.

(B) The commission may approve or disapprove any proposals

submitted and/or recommended by the trust fund department at its discretion, and all decisions of the commission regarding the disposition of a proposal shall be final.

(C) All applicants shall be notified of the commission's disposition of their proposal by mail or such other means as the commission may deem appropriate provided that the method of notification used is reasonably likely to apprise all applicants as to the disposition of their applications. Successful applicants will receive a written reservation from the commission which shall set forth the covenants, terms, and conditions upon which MHTF funds are being awarded.

*AUTHORITY: section 215.030(5), (12), and (19), RSMo 2000. Material in this rule originally filed as 4 CSR 170-7.030 and 4 CSR 170-7.040. Original rule filed Nov. 30, 2011.*

*PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Housing Development Commission, Attn: Weylin Watson, General Counsel, 3435 Broadway, Kansas City, MO 64111. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT  
Division 170—Missouri Housing Development  
Commission  
Chapter 7—Missouri Housing Trust Fund**

**PROPOSED RULE**

**4 CSR 170-7.400 Missouri Housing Trust Fund Funding Process, Recapture of Undisbursed Missouri Housing Trust Fund Funds and Re-Awarding of Undisbursed Recaptured Funds**

*PURPOSE: This rule establishes processes recipients of Missouri Housing Trust Fund (MHTF) awards must abide by in order to receive and retain MHTF funds.*

(1) Each applicant whose proposal has been selected for funding and who has entered into a reservation agreement for Missouri Housing Trust Fund (MHTF) funds under 4 CSR 170-7.300 must execute a grant agreement, and, where applicable, a land use restriction agreement and/or regulatory agreement with the commission, each on such forms as may be prescribed by the commission, before any MHTF funds may be advanced to the applicant.

(2) All grant funds awarded under the MHTF notice of funding availability (NOFA) must be disbursed by such date as the trust fund department may specify in each individual grant agreement. Any funds remaining undisbursed after that date shall be recaptured by the commission.

(3) All recaptured funds shall be made available to grantees whose proposals were selected for funding under the same MHTF NOFA for which the MHTF funds are being recaptured, but which did not receive the full amount of MHTF funds requested, via a secondary funding round. The allocation of recaptured funds under this secondary funding round shall be determined by the trust fund department, in its sole discretion, taking into account all factors it deems

appropriate. These factors will include, but shall not be limited to, the following:

- (A) The final score on the grantee's original proposal;
- (B) The type of eligible funding use(s) for which the MHTF funds were requested under the grantee's original proposal;
- (C) The total amount of MHTF funds allocated to each type of eligible funding use under the MHTF NOFA for which the recaptured funds are being made available;
- (D) The allocation plan approved by the commission for the MHTF NOFA under which the recaptured funds are being distributed;
- (E) The grantee's continuing need for the remaining MHTF funds sought under its original proposal;
- (F) The grantee's performance and history of compliance under its current grant agreement(s) with the trust fund department; and
- (G) The grantee's standing with all other departments and programs of the commission with which it is involved.

(4) In no event shall the total amount of recaptured funds allocated to any grantee, when combined with the total amount of MHTF funds initially awarded to the grantee under its original proposal, exceed the total amount of MHTF funds requested under the grantee's original proposal.

(5) All recaptured funds awarded under this section shall be disbursed in accordance with such rules and requirements as the commission and its staff may establish.

*AUTHORITY: section 215.030(5), (12), and (19), RSMo 2000. Original rule filed Nov. 30, 2011.*

*PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Housing Development Commission, Attn: Weylin Watson, General Counsel, 3435 Broadway, Kansas City, MO 64111. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT  
Division 170—Missouri Housing Development  
Commission  
Chapter 7—Missouri Housing Trust Fund**

**PROPOSED RULE**

**4 CSR 170-7.500 Compliance Requirements and Suspension and Recapture of Funds**

*PURPOSE: This rule establishes the compliance requirements for the Missouri Housing Trust Fund (MHTF) and grounds upon which disbursement of MHTF grant funds may be suspended and when MHTF funds may be recaptured from a grantee.*

*PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be*

*made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.*

(1) For any grantee receiving Missouri Housing Trust Fund (MHTF) funds for an eligible use set forth in sections 215.038(6)–(11), RSMo (as the same may be amended from time-to-time), prior to receiving any disbursements under a grant agreement for such funds, the grantee shall be required to execute and record a land use restriction agreement binding the use and transfer of the property for a period of eighteen (18) years following the final disbursement of MHTF funds under the grant agreement, or such longer period as the commission may require. The land use restriction agreement shall be in such form as the commission may prescribe.

(2) Any grantee receiving MHTF funds for the payment of rental subsidies as provided for under sections 215.038 (2)–(3), RSMo (as the same may be amended from time-to-time), shall, where such subsidies are awarded to a specific MHTF development owned by the grantee and not to a grantee that is an independent agency providing rental subsidies to qualified applicants, record a land use restriction agreement binding the use and transfer of the property for the duration of the grant agreement. The land use restriction agreement shall be in such form as the commission may prescribe.

(3) For any property benefitting from mortgage assistance payments provided for under sections 215.038(12) or 215.038(14), RSMo (as the same may be amended from time-to-time), if such assistance payments are made for six (6) or more consecutive months, the grantee receiving such assistance or providing assistance to an eligible person shall record a land use restriction agreement binding the use and transfer of the property for the greater of one (1) year or the time period for which such assistance payments are received.

(4) Any individual receiving MHTF funds to finance repairs to their residence as provided for under section 215.038(15), RSMo (as the same may be amended from time-to-time) (which grants shall not exceed the limits set forth in the application proposal guide), shall, prior to the disbursement of any grant funds, be required to record a regulatory agreement in such form as the commission may prescribe, which shall restrict the use and transfer of the property for the period(s) set forth in the applicable application proposal guide.

(5) Maintaining Adequate Housing Conditions for Tenants.

(A) All grantees are encouraged to provide housing of a similar quality and similar in amenities to market rate housing in the same area where the MHTF development is located.

(B) At a minimum, the MHTF development shall comply with the housing quality standards established by Title 24, *Code of Federal Regulations*, Part 982, published annually in April, herein incorporated by reference and made a part of this rule, as published by the United States Superintendent of Documents, 732 N Capital Street NW, Washington, DC 20402-0001, phone: toll free (866) 512-1800, DC area (202) 512-1800, website: <http://bookstore.gpo.gov> (This rule does not incorporate any subsequent amendments or additions.).

(C) All MHTF developments must meet local building codes, ordinances, zoning laws, and federal regulations that may be applicable.

(D) If the commission or any of its agents receives any report that a grantee is placing tenants or clients in physical danger due to substandard living conditions, the commission staff shall perform an immediate site visit to inspect the conditions identified in the complaint. If the complaints are confirmed, the commission and its staff shall take appropriate actions necessary up to and including recapture of MHTF fund and/or suspension or debarment of the grantee pursuant to 4 CSR 170-8.

(6) All aspects of each MHTF development must comply with any and all applicable federal, state, and/or local regulations and laws, including any such regulations or laws regarding accessibility of affordable housing units for disabled persons, and existence or storage of hazardous materials on the property where the MHTF development is located.

(7) All rental MHTF developments must comply with all applicable federal, state, and local laws prohibiting discrimination in housing on the grounds of race, color, creed, age, sex, handicap, familial status, or national origin.

(8) Procedures for Monitoring the Compliance of MHTF Developments and/or Agencies Receiving MHTF Funds.

(A) For every year during the compliance period indicated in the land use restriction agreement, any grantee supplying affordable housing units receiving MHTF funding shall certify to the commission and its staff that all tenants of the MHTF development, or all clients receiving rental assistance, as the case may be, are income eligible under the terms of the state housing act and these regulations.

(B) In order to ensure that each recipient of MHTF funds complies with the terms of its grant agreement, the state housing act, and these regulations, and that the certifications required under the preceding paragraph are true and accurate, the commission staff shall regularly monitor compliance of grantees using such policies and procedures as the commission and its staff may deem necessary, including, but not limited to:

1. Performing announced and/or unannounced site visits to audit the grantee's tenant/client files in order to verify the income qualification of the grantee's tenants, as well as to ensure that the MHTF development is being maintained in accordance with the rules and requirements set forth by the MHTF grant agreement, the state housing act, and/or these regulations;

2. Performing announced and/or unannounced site visits to audit tenant/client files of the grantee in order to verify the income qualification of the clients being served by the agencies, as well as to ensure that the agency is generally maintaining compliance with the rules and requirements set forth by the MHTF grant agreement, the state housing act, and/or these regulations; and

3. Performing announced and/or unannounced site visits to construction sites for MHTF developments receiving MHTF funds in order to ensure that the MHTF development is being constructed in accordance with the plans and specifications approved by the commission staff and to ensure that all work for which disbursements have been made has been satisfactorily performed.

(C) If a commission staff member performing a review of tenant/client files during any site visit determines that some of the files reviewed lack the documentation required by the commission to evidence tenant/client eligibility, the staff member performing the review and/or the commission and its staff, as the case may be, shall take the following actions:

1. Recourse for findings of minor non-compliance.

- A. If one (1) or more, but less than one-half (1/2) of the files reviewed are deemed non-compliant, this shall be deemed an event of minor non-compliance.

- B. In the event there is a finding of minor non-compliance, the commission staff shall inform the grantee of the findings and shall document the same in the grantee's file maintained by the trust fund department.

- C. The first time such non-compliance is documented, the grantee shall receive a warning. For each subsequent finding of non-compliance, the trust fund department may take any such action against the grantee that it deems appropriate in its sole discretion. Such actions may include, but are not limited to, suspension of the grantee's funding pursuant to 4 CSR 170-7.500(3)(C) and/or recapture of all or a part of the MHTF funds disbursed to the grantee under its proposal(s) pursuant to the procedures set forth in 4 CSR 170-7.500(11);

2. Recourse for findings of major non-compliance.

- A. If one-half (1/2) or more of the files reviewed are deemed non-compliant, this shall be deemed an event of major non-compliance.

- B. In the event there is a finding of major non-compliance, the commission staff shall inform the grantee of the findings and shall document the same in the grantee's file maintained by the trust fund department.

- C. In addition to the grantee's non-compliance being documented in its file maintained by the trust fund department, the trust fund department may take any such action against the grantee that it deems appropriate in its sole discretion. Such actions may include, but are not limited to, suspension of the grantee's funding pursuant to 4 CSR 170-7.500(3)(C) and/or recapture of all or a part of the MHTF funds disbursed to the grantee under its proposal(s) pursuant to the procedures set forth in 4 CSR 170-7.500(11);

3. If the trust fund department suspends a grantee's funding due to non-compliance violations under 4 CSR 170-7.500(3)(C), such grantee shall not be entitled to any further advances under its grant agreement until the grantee has completed all requirements established by the commission staff to have its funding reinstated. If a grantee has its funding suspended three (3) times pursuant to the provisions contained in 4 CSR 170-7.500(3)(C), then upon the third event of non-compliance necessitating a suspension of funds, the grantee's funding shall be terminated and the grant funds recaptured. The trust fund department shall determine whether the recapture of funds will apply only to those grant funds not yet expended, or whether such recapture shall apply to all funds awarded under the initial grant agreement;

4. Any grantee found out of compliance will be placed on a compliance list that will be monitored and reviewed by the trust fund department until such time as the trust fund department determines the grantee has sufficiently remedied any issues of non-compliance such that it should be removed from the list. As long as a grantee remains on the compliance list, its presence on the list will be noted in, and have a potentially adverse impact on, any subsequent proposals it submits to the trust fund department; and

5. If the trust fund department, in its sole discretion, determines that a grantee's compliance failures are of such a significant nature that they merit the involvement of and/or action from the commissioners, the trust fund department may report the grantee's compliance issues to the commissioners at the next scheduled meeting of the commission, or such earlier time as the trust fund department may deem appropriate. The commissioners may direct the trust fund department to take any such action against the non-compliant grantee as they may deem appropriate.

- (D) If a commission staff member performing an inspection of a construction site determines that any work performed is of unacceptable quality, disbursements of grant funds will be suspended until the work is remediated to a level acceptable to the commission staff. If the grantee fails to remediate the issue within thirty (30) days of the date notice is provided to the grantee of the unacceptable condition, or within such longer time period as the commission staff may allow, all unexpended grant funds shall be subject to recapture.

- (E) If the grantee fails to comply with the availability requirements for scheduling of site visits, which requirements shall be set by the commission staff from time-to-time and shall be stated in the grant agreement, any grant funds awarded under the grant agreement shall be subject to recapture by the commission.

- (9) If at any time during the compliance period the commission staff determines an MHTF development or MHTF activity is not in compliance with the applicable provisions of the grant agreement, land use restriction agreement, state housing act, or these regulations, the commission staff may revoke the assistance provided and recapture all undisbursed grant funds. In addition, the commission staff may, where deemed to be in the best interest of the state, recapture all or a portion of the MHTF funds already disbursed under the grant agreement.

(10) If a grantee providing home repair grants to individuals pursuant to a grant agreement for MHTF funds between the grantee and the commission becomes aware at any time during the compliance period of a regulatory agreement associated with a home repair grant that the home owner is out of compliance with the terms of said regulatory agreement, the agency must immediately notify the trust fund department of the non-compliance issue. In the event of such non-compliance by the home owner, the commission shall have the right to require the home owner to return a pro-rated portion of the home repair funds granted pursuant to the terms of the regulatory agreement governing the use and sale of the home. If the grantee fails to notify the trust fund department of the non-compliance issue within a reasonable amount of time after the non-compliance comes to the attention of the grantee, in addition to any remedies which may be provided to the commission against the grantee in the grant agreement executed between the parties, the commission may hold the grantee liable to the commission for the amount of funds the commission would have been entitled to recapture under the regulatory agreement (provided the commission is no longer able to recapture such funds from the home owner itself). The commission may, in its sole discretion, when it finds extenuating circumstances for which the otherwise due and payable pro-rated portion of the funds used for home repair should be forgiven for an individual home owner, waive its right to recapture of a pro-rated portion of the home repair grant funds from the homeowner.

(11) Process for the Recapture of MHTF Funds.

(A) Before any recapture of MHTF funds is ordered, the trust fund manager must document the cause for which the recapture is recommended by completing and signing a recaptured funds form in the form prescribed by the trust fund department, as the same may be amended from time-to-time, and attaching any supporting documentation.

(B) The trust fund department shall then provide information regarding disbursements made and the amount of funds remaining available for disbursement to the grantee.

(C) The trust fund manager shall then mail a notice to the grantee by certified mail, return receipt requested, notifying the grantee of the commission staff's decision to recapture MHTF funds under the grant agreement. Such notice shall contain the following information:

1. Notice of the commission staff's decision to recapture funds under the grantee's grant agreement;
2. A brief explanation of the grounds upon which such recapture of MHTF funds is based; and
3. Notice of the grantee's rights to contest the commission staff's decision pursuant to the procedures set forth in 4 CSR 170-7.600, as well as notice of the time frame within which such rights must be exercised.

**AUTHORITY:** section 215.030(5), (12), and (19), RSMo 2000. Original rule filed Nov. 30, 2011.

**PUBLIC COST:** This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

**PRIVATE COST:** This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

**NOTICE TO SUBMIT COMMENTS:** Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Housing Development Commission, Attn: Weylin Watson, General Counsel, 3435 Broadway, Kansas City, MO 64111. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

**Title 4—DEPARTMENT OF ECONOMIC  
DEVELOPMENT  
Division 170—Missouri Housing Development  
Commission  
Chapter 7—Missouri Housing Trust Fund**

**PROPOSED RULE**

**4 CSR 170-7.600 Procedures for Contesting Decisions by the  
Commission Regarding the Funding and Recapture of Missouri  
Housing Trust Fund Funds**

**PURPOSE:** This rule provides the proper procedures to be used by a grantee in order to dispute any decision made by the commission staff to recapture Missouri Housing Trust Fund funds previously awarded to a grantee.

(1) All disputes regarding the recapture of Missouri Housing Trust Fund (MHTF) funds shall be handled as informally as practicable, consistent with the fundamental principles of fairness, using the following procedures:

(A) In the event the commission staff orders a recapture of MHTF funds pursuant to 4 CSR 170-7.500(9), the grantee shall have thirty (30) days from the date on which notice is delivered to it to exercise its rights under this subsection by sending notice to the trust fund manager indicating its intent to dispute the recapture of funds and requesting a hearing with the commission's director of operations;

(B) If the grantee fails to contest the commission staff's decision within thirty (30) days from the date upon which it receives notice of the commission staff's intent to recapture, the opportunity of the grantee to exercise the rights provided for in this section shall be deemed waived and the decision of the commission staff to recapture MHTF funds from the grantee shall be deemed final;

(C) If the grantee provides a timely response to the notice and exercises its right to a hearing with the director of operations, the director of operations shall hold a hearing with the grantee within thirty (30) days of the date on which the request for a hearing is received by the trust fund manager. The deadline for conducting a hearing may be extended for one (1) additional thirty (30) day period upon written request of either the director of operations or the grantee requesting the hearing, provided that notice of the request for extension must be provided to all parties;

(D) The following guidelines shall apply to the hearing held by the director of operations:

1. The hearing shall not be considered a contested case;
2. The hearing shall be informal and no formal rules of evidence or procedure shall apply;
3. The commission may have its counsel present at the hearing;
4. The grantee may be represented by counsel at the hearing and shall have the right to present evidence or arguments relevant to the grounds upon which the recapture action is based. If the grantee elects to be represented by counsel at the hearing, it shall notify the director of operations of this intent at least five (5) days prior to the scheduled hearing; and

5. The director of operations, in reaching his/her decision may consider information from any source which is relevant to the recapture of grant funds and shall consider all facts and circumstances upon which the proposed recapture of funds is based;

(E) Within thirty (30) days of the date on which the hearing is held, the director of operations shall issue a decision in writing to the grantee, which decision shall be mailed to the grantee by certified mail, return receipt requested.

1. If the director of operations determines that recapture of MHTF funds is not warranted, the decision shall notify the grantee that its MHTF funds will not be recaptured on the grounds for which the hearing was held.

2. If the director of operations determines that recapture of MHTF funds is warranted, it shall notify the grantee of the grounds

upon which such decision was reached. It shall further notify the grantee of its right to appeal the decision to the committee of directors pursuant to subsection 4 CSR 170.7-600(1)(G), as well as the time within which such request for a hearing with the committee of directors must be provided to the director of operations. The time for the filing of such request shall be thirty (30) days from the date on which the decision of the director of operations is received by the grantee;

(F) If the grantee fails to contest the director of operations' decision within thirty (30) days from the date upon which it receives notice of such decision, the grantee's right to appeal the decision shall be deemed waived and the decision of the director of operations shall be deemed final;

(G) If the grantee provides a timely response to the notice and exercises its right to appeal the decision of the director of operations, the committee of directors shall hold a hearing with the grantee within thirty (30) days of the date on which the request for a hearing is received by the director of operations. The deadline for conducting a hearing may be extended for one (1) additional thirty (30) day period upon written request of either the committee of directors or the grantee requesting the hearing, provided that notice of the request for extension must be provided to all parties;

(H) The following guidelines shall apply to the hearing held by the committee of directors:

1. The hearing shall not be considered a contested case;
2. The hearing shall be informal and no formal rules of evidence or procedure shall apply;
3. The commission may have its counsel present at the hearing;
4. The grantee may be represented by counsel at the hearing and shall have the right to present evidence or arguments relevant to the grounds upon which the recapture action is based. If the grantee elects to be represented by counsel at the hearing, it shall notify the committee of directors of this intent at least five (5) days prior to the scheduled hearing; and

5. The committee of directors, in reaching its decision may only consider items in the record of the hearing held by the director of operations. However, the committee of directors may also consider evidence that was not available at the initial hearing, but only if the party offering the additional evidence can show good cause for why it was not presented at the initial hearing. The committee of directors shall uphold the director of operations' decision unless it determines that the director of operations' decision was not based on competent and substantial evidence. If the committee of directors determines that the decision of the director of operations was not based on competent and substantial evidence, it may either—

A. Overrule the decision of the director of operations and reinstate such amounts of the grantee's funding under its grant agreement as the committee of directors may deem appropriate; or

B. Remand the matter back to the director of operations if it determines that further investigation and fact gathering is necessary before a final conclusion may be reached. If the matter is remanded back to the director of operations, after the necessary additional investigation and/or fact gathering is completed, the director of operations will issue its determination, which shall be subject to appeal using the same procedures as set forth in subsections 4 CSR 170.7-600(1)(E)–(H); and

(I) Within thirty (30) days of the date upon which the appeal hearing is held, the committee of directors shall issue a decision in writing to the grantee, which shall be mailed by certified mail, return receipt requested. This decision shall be considered the final decision of the commission on the matter. However, this decision of the committee of directors shall not be considered final if it finds appropriate grounds to remand the matter back to the director of operations pursuant to subparagraph 4 CSR 170.7-600(1)(H)5.B. If the matter is remanded back to the director of operations, the same procedures spelled out in subsections 4 CSR 170.7-600(1)(C)–(I) shall apply for all further proceedings with the director of operations and/or the committee of directors until a final decision is reached.

*AUTHORITY: section 215.030(5), (12), and (19), RSMo 2000. Original rule filed Nov. 30, 2011.*

*PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Missouri Housing Development Commission, Attn: Weylin Watson, General Counsel, 3435 Broadway, Kansas City, MO 64111. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

## **Title 9—DEPARTMENT OF MENTAL HEALTH**

### **Division 30—Certification Standards**

#### **Chapter 4—Mental Health Programs**

### **PROPOSED AMENDMENT**

**9 CSR 30-4.030 Certification Standards Definitions.** The division is amending section (2).

*PURPOSE: This amendment defines additional terms and explains usage for those terms used in certification procedures and standards developed under section 630.655, RSMo, for community psychiatric rehabilitation programs and certain services serving persons with serious mental illnesses and disorders. Additional terms defined are: Certified Missouri Peer Specialist, child and adolescent family assistance, day treatment youth, family support, individual and group professional psychosocial rehabilitation, metabolic syndrome screening, misuse of funds/property, psychosocial rehabilitation illness management and recovery, and psychosocial rehabilitation youth. This amendment also clarifies the term neglect; correctly defines the certifying board for occupational therapists; and removes the terms community support assistant, class I and II neglect, and medication administration support.*

(2) As used in 9 CSR 30-4.031–9 CSR 30-4.047, unless the context clearly indicates otherwise, the following terms shall mean:

**(H) Certified Missouri Peer Specialist—an individual with at least a high school diploma or equivalent and applicable training and testing as required by the department;**

**[(H)](I) Chemical restraints—as defined in section 630.005, RSMo, drugs which are prescribed or administered in an emergency to restrain temporarily an individual who presents a likelihood of serious physical harm to him/herself or to others;**

**[(I)] Class I Neglect—failure of an employee to provide reasonable and necessary services to maintain the physical and mental health of any client when the failure presents either imminent danger to the health, safety or welfare of a client or a substantial probability that death or physical injury would result;**

**[(J)] Class II Neglect—failure of an employee to provide reasonable or necessary services to a client or resident according to the individualized treatment plan or to identified acceptable standards of care;**

**(J) Child and Adolescent Family Assistance as defined in 9 CSR 30-4.043 (2)(I);**

**(O) Community support—as defined in 9 CSR 30-4.043(2)/[(G)](F);**

**[(P)] Community support assistant—an individual with a high school diploma or equivalent and applicable training as**



*required by the department;]*

**[(Q)](P)** Consultation services—as defined in 9 CSR 30-4.043(2)(C);

**[(R)](Q)** Crisis intervention and resolution—as defined in 9 CSR 30-4.043(2)(A);

**[(S)](R)** Critical intervention—actions prescribed by an individual's treatment plan, to intercede on behalf of a client's safety in critical situations or circumstances that pose a risk of serious harm to a client or to a client's ability to live outside of an institution or a more restrictive setting than his/her current residence;

**(S) Day Treatment, Youth—as defined in 9 CSR 30-4.043(2)(J);**

**(X) Family Support—as defined in 9 CSR 30-4.043(2)(H);**

**[(X)](Y)** Facility—the physical plant or site used by a CPR provider to provide mental health services;

**[(Y)](Z)** Improper clinical practices—a level of performance or behavior which constitutes a repeated pattern of negligence or which constitutes a continuing pattern of violations of laws, rules, or regulations enforced by the appropriate professional licensing, funding, or certifying entity;

**(AA) Individual and Group Professional Psychosocial Rehabilitation—as defined in 9 CSR 30-4.043(2)(O) and (P);**

**[(Z)](BB)** Intake/annual evaluation—as defined in 9 CSR 30-4.035(7) and (18);

**[(AA)](CC)** Intensive community psychiatric rehabilitation (CPR)—as defined in 9 CSR 30-4.045;

**[(BB)](DD)** Mechanical restraint—any device, instrument, or physical object used to restrict an individual's freedom of movement except when necessary for orthopedic, surgical, and other medical purposes;

**[(CC)](EE)** Medication administration—as defined in 9 CSR 30-4.043(2)(D);

**[(DD) Medication administration support—as defined in 9 CSR 30-4.043(2)(E);]**

**(FF) Metabolic Syndrome Screening—as defined in 9 CSR 30-4.043(2)(E);**

**[(EE)](GG)** Medication aide—an individual as defined in 13 CSR 15-13.030 who administers medications;

**[(FF)](HH)** Medication services—as defined in 9 CSR 30-4.043(2)(B);

**[(GG)](II)** Medical technician—an individual as defined in 13 CSR 15-13.020 who administers medications;

**[(HH)](JJ)** Mental health professional—any of the following:

1. A physician licensed under Missouri law to practice medicine or osteopathy and with training in mental health services or one (1) year of experience, under supervision, in treating problems related to mental illness or specialized training;

2. A psychiatrist, a physician licensed under Missouri law who has successfully completed a training program in psychiatry approved by the American Medical Association, the American Osteopathic Association, or other training program identified as equivalent by the department;

3. A psychologist licensed under Missouri law to practice psychology with specialized training in mental health services;

4. A professional counselor licensed under Missouri law to practice counseling and with specialized training in mental health services;

5. A clinical social worker licensed under Missouri law with a master's degree in social work from an accredited program and with specialized training in mental health services;

6. A psychiatric nurse, a registered professional nurse licensed under Chapter 335, RSMo, with at least two (2) years of experience in a psychiatric or substance abuse treatment setting or a master's degree in psychiatric nursing;

7. An individual possessing a master's or doctorate degree in counseling and guidance, rehabilitation counseling and guidance, rehabilitation counseling, vocational counseling, psychology, pastoral counseling or family therapy, or related field who has successfully

completed a practicum or has one (1) year of experience under the supervision of a mental health professional;

8. An occupational therapist certified by the *[American Occupational Therapy Certification Board]* **National Board for Certification in Occupational Therapy**, registered in Missouri, has a bachelor's degree and has completed a practicum in a psychiatric setting or has one (1) year of experience in a psychiatric setting, or has a master's degree and has completed either a practicum in a psychiatric setting or has one (1) year of experience in a psychiatric setting;

9. An advanced practice nurse—as set forth in section 335.016, RSMo, a nurse who has had education beyond the basic nursing education and is certified by a nationally recognized professional organization as having a nursing specialty, or who meets criteria for advanced practice nurses established by the board of nursing; and

10. A psychiatric pharmacist as defined in 9 CSR 30-4.030;

**(KK) Misuse of funds/property—in accordance with 9 CSR 10-5.200;**

**(LL) Neglect—in accordance with 9 CSR 10-5.200;**

**[(III)](MM)** Psychiatric pharmacist—a registered pharmacist in good standing with the Missouri Board of Pharmacy who is a board-certified psychiatric pharmacist (BCPP) through the Board of Pharmaceutical Specialties or a registered pharmacist currently in a psychopharmacy residency where the service has been supervised by a board-certified psychiatric pharmacist;

**[(JJ)](NN)** Physical abuse—in accordance with 9 CSR 10-5.200;

**[(KK)](OO)** Physical restraint—physical holding of a client which restricts a client's freedom of movement to restrain temporarily in an emergency a client who presents a likelihood of serious physical harm to him/herself or to others;

**[(LL)](PP)** Psychosocial rehabilitation—as defined in 9 CSR 30-4.043(2)(I)(M);

**(QQ) Psychosocial rehabilitation illness management and recovery—as defined in 9 CSR 30-4.043(2)(N);**

**(RR) Psychosocial rehabilitation youth—as defined in 9 CSR 30-4.043(2)(K);**

**[(MM)](SS)** Research—experiments, including intervention or interaction with clients, whether behavioral, psychological, biomedical, or pharmacological and program evaluation as set out in 9 CSR 60-1.010(1);

**[(NN)](TT)** Seclusion—placement alone in a locked room for any period of time;

**[(OO)](UU)** Sexual abuse—in accordance with 9 CSR 10-5.200;

**[(PP)](VV)** Time-out—temporary exclusion or removal of a client from the treatment or rehabilitation setting, used as a behavior modifying technique as prescribed in the client's individual treatment plan and for periods of time not to exceed fifteen (15) minutes each; and

**[(QQ)](WW)** Verbal abuse—in accordance with 9 CSR 10-5.200.

*AUTHORITY: sections 630.050, 630.055, and 632.050, RSMo 2000. Original rule filed Jan. 19, 1989, effective April 15, 1989. For intervening history, please consult the Code of State Regulations. Amended: Filed Dec. 1, 2011.*

*PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or opposition to this proposed amendment by writing to Melissa Manda, Deputy General Counsel, Department of Mental Health, PO Box 687, 1706 E. Elm Street, Jefferson City, MO 65102. To be considered, comments must be delivered by regular mail, express or overnight mail, in person, or by courier within thirty (30)*



days after publication in the *Missouri Register*. If to be hand-delivered, comments must be brought to the Department of Mental Health at 1706 E. Elm Street, Jefferson City, Missouri. No public hearing is scheduled.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 4—Mental Health Programs**

**PROPOSED AMENDMENT**

**9 CSR 30-4.034 Personnel and Staff Development.** The division is adding a new section (10), amending sections (2), (3), (7)–(9), and renumbering as needed.

*PURPOSE: This amendment sets forth personnel eligible to provide the following: metabolic syndrome screening services, psychosocial rehabilitation illness management and recovery services, individual and group professional psychosocial rehabilitation, family support for parents of children and youth, child and adolescent assistance, and psychosocial rehabilitation for youth, day treatment for youth. This amendment also clarifies the terms abuse and neglect; revises the qualifications for a community support worker; revises the definition of community support assistant to Certified Missouri Peer Specialist, and removes the service and personnel required for medication administration support.*

(2) Only qualified professionals shall provide community psychiatric rehabilitation (CPR) services. Qualified professionals for each service shall include:

*[(G) For medication administration support, a medication technician or medication aide as defined in 9 CSR 30-4.030;]*

(G) For metabolic syndrome screening, a registered professional nurse (RN), or licensed practical nurse (LPN);

(H) For psychosocial rehabilitation illness management and recovery, an individual with department approved training;

(I) For individual and group professional psychosocial rehabilitation, a professional counselor licensed or provisionally licensed under Missouri law and with specialized training in mental health services; or a clinical social worker licensed or provisionally licensed under Missouri law and with specialized training in mental health services;

*[(H)](J) For community support:—*

1. A mental health professional or an individual with a bachelor's degree in social work, psychology, nursing, or a *[related]* human services field, which includes, education, criminal justice, recreational therapy, human development and family studies, counseling, child development, gerontology, and rehabilitation counseling; and supervised by a psychologist, professional counselor, clinical social worker, psychiatric nurse, or individual with an equivalent degree as defined in 9 CSR 30-4.030. *Equivalent experience in psychiatric and/or substance abuse treatment may be substituted on the basis of one (1) year of experience for each year of required educational training;* or

*[2. A community support assistant with a high school diploma or equivalent and applicable training required by the department, supervised by a qualified mental health professional as defined in 9 CSR 30-4.030. A community support assistant may receive assignments and direction from a community support worker; and]*

2. At least two (2) years of higher education with (2) two years of experience in psychiatric, substance abuse treatment, or developmental disabilities, or any four (4) year degree with two (2) years of experience in psychiatric, substance abuse treatment, or developmental disabilities; or

3. Four (4) years of equivalent experience with consumers

and their families receiving psychiatric, substance abuse treatment, or developmental disabilities services to move towards their personal, social, and vocational competency in order to live successfully in the community;

(K) For peer support services, a Certified Missouri Peer Specialist with at least a high school diploma or equivalent and applicable training and testing as required by the department, supervised by a qualified mental health professional as defined in 9 CSR 30-4.030;

(L) For family support, a family member of a child or youth who had or currently has a behavioral or emotional disorder; has a high school diploma or equivalent and has completed training approved by or provided by the department and supervised by qualified mental health professional as defined in 9 CSR 30-4.030;

(M) For child and adolescent family assistance, an individual with a high school diploma and two (2) years experience working with children who have a severe emotional disorder or have experienced abuse and neglect; has completed training approved by or provided by the department; and shall be supervised by a qualified mental health professional as defined in 9 CSR 30-4.030;

(N) For day treatment for youth, one (1) qualified mental health professional and one (1) appropriately certified, licensed, or credentialed ancillary staff for children ages three (3) to five (5) years of age; and one (1) qualified mental health professional and, at a minimum, two (2) appropriately certified, licensed, or credentialed ancillary staff for school-aged children. Ancillary staff shall meet at least one (1) of the following criteria:

1. Occupational therapist;

2. Physical therapist;

3. Assistant behavior analyst;

4. Individual with a bachelor's degree in child development, psychology, social work, or education;

5. Individual with an associate degree with two (2) years experience in related mental health or child related fields; or

6. Individual with two (2) years of college and two (2) years experience in related mental health or child related fields;

(O) For psychosocial rehabilitation (PSR) for youth, the director shall be a qualified mental health professional with two (2) years experience working with children and youth. One (1) full-time equivalent mental health professional shall be available onsite during the provision of services. The staffing ratios shall be based on the client's age. For those clients between the ages of three (3) and eleven (11), the staffing ratio shall be one (1) staff to four (4) clients. For those clients between the ages of twelve (12) and seventeen (17), the staffing ratio shall be one (1) staff to six (6) clients. Other staff of the PSR team shall be composed the following providers as needed by the children:

1. A registered nurse;

2. An occupational therapist;

3. A recreational therapist;

4. A rehabilitation therapist;

5. A community support worker; or

6. A family assistance worker; and

*[(I)](P) For consultation services, a physician, a psychiatric pharmacist, or advanced practice nurse as defined in 9 CSR 30-4.030.*

(3) The CPR provider shall ensure that an adequate number of appropriately qualified staff is available to support the functions of the program. The department shall prescribe caseload size and supervisory to staff ratios.

*[(B) The supervisory-to-staff ratio in the rehabilitation level of care should not exceed one (1) qualified mental health professional to seven (7) community support workers.*

*(C) The supervisory-to-staff ratio in the rehabilitation level of care should not exceed one (1) qualified mental health professional to two (2) community support assistants.]*

~~[(D)]~~**(B)** The supervisory-to-staff ratio in the rehabilitation level of care should not exceed one (1) qualified mental health professional to eight (8) total staff.

(7) The CPR provider shall establish, maintain, and implement a written plan for professional growth and development of personnel.

(A) The CPR provider shall provide orientation within thirty (30) calendar days of employment, documented, for all personnel and affiliates, and shall include, but not be limited to:

1. Client rights and confidentiality policies and procedures, including prohibition and definition of *[verbal/physical abuse]* **abuse, neglect, and misuse of funds as defined in 9 CSR 10-5.200;**

2. Client management, for example, techniques which address verbal and physical management of aggressive, intoxicated, or behaviorally disturbed clients;

3. CPR program emergency policies and procedures;

4. Infection control;

5. Job responsibilities;

6. Philosophy, values, mission, and goals of the CPR provider; and

7. Principles of appropriate treatment, including for staff working with children and youth, principles related to children and youth populations.

(C) The CPR provider shall provide orientation for volunteers and trainees within thirty (30) calendar days of initial attendance or employment that includes, but is not limited to, the following:

1. Client rights and confidentiality policies and procedures, including *[verbal/physical/sexual]* **abuse, neglect, and misuse of funds as defined in 9 CSR 10-5.200;**

2. CPR program emergency policies and procedures;

3. Philosophy, values, mission, and goals of the CPR provider; and

4. Other topics relevant to their assignments.

(8) The CPR provider shall develop and implement a written plan for comprehensive training and continuing education programs for community support workers, *[community support assistants,]* **Certified Missouri Peer Specialists**, and supervisors in addition to those set out in section (7).

(A) Orientation for community support workers, *[community support assistants,]* **Certified Missouri Peer Specialists**, and supervisors shall include, but is not limited to, the following items:

1. Philosophy, values, and objectives of community psychiatric rehabilitation services for individuals with serious and persistent mental illnesses;

2. Behavioral management, crisis intervention techniques, and identification of critical situations;

3. Communication techniques;

4. Health assessment and medication training;

5. Legal issues, including commitment procedures;

6. *[Identification and recognition of critical situations]* **Recovery and wellness practices; [and]**

7. **Resources including treatment alternatives, employment opportunities, health and wellness, and community resources; and**

*[7.8.* Staff working with children and youth shall receive additional training **approved by the department** in the above areas as it pertains to children and youth.

(B) The curricula for training shall include a minimum set of topics as required by the department *[and through consultation by a psychiatrist].*

(9) Each community support worker, *[community support assistant,]* **Certified Missouri Peer Specialists**, and supervisor shall complete ten (10) hours of initial training before receiving an assigned client caseload or supervisory caseload.

**(10) Qualified staff providing individual and group professional**

**psychosocial rehabilitation, shall complete training as required by the department in addition to training set out in section (7).**

*[(10)]***(11)** 9 CSR 10-7.110 requires that all staff shall participate in at least thirty-six (36) clock hours of relevant training during a two (2)-year period. All staff working within the CPR program and services shall receive a minimum of twelve (12) clock hours per year of continuing education and relevant training.

*[(11)]***(12)** All training activities shall be documented in employee personnel files, to include the training topic, name of instructor, date of activity, duration, skills targeted/objective of skill, certification/continuing education units (if any), and location.

*AUTHORITY:* section 630.050, RSMo Supp. [2009] **2011** and sections 630.655 and 632.050, RSMo 2000. Original rule filed Jan. 19, 1989, effective April 15, 1989. For intervening history, please consult the *Code of State Regulations*. Amended: Filed Dec. 1, 2011.

*PUBLIC COST:* This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

*PRIVATE COST:* This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or opposition to this proposed amendment by writing to Melissa Manda, Deputy General Counsel, Department of Mental Health, PO Box 687, 1706 E. Elm Street, Jefferson City, MO 65102. To be considered, comments must be delivered by regular mail, express or overnight mail, in person, or by courier within thirty (30) days after publication in the *Missouri Register*. If to be hand-delivered, comments must be brought to the Department of Mental Health at 1706 E. Elm Street, Jefferson City, Missouri. No public hearing is scheduled.

## **Title 9—DEPARTMENT OF MENTAL HEALTH**

### **Division 30—Certification Standards**

#### **Chapter 4—Mental Health Programs**

#### **PROPOSED AMENDMENT**

**9 CSR 30-4.035 Client Records of a Community Psychiatric Rehabilitation Program.** The division is amending sections (8) and (9).

*PURPOSE:* This amendment prescribes the documentation required for metabolic syndrome screening and psychosocial rehabilitation illness management and recovery (PSR-IMR).

(8) Each client's record shall document services, activities, or sessions that involve the client.

**(D) For psychosocial rehabilitation illness management and recovery (PSR-IMR), the clinical record shall include:**

1. A weekly note that summarizes services rendered, client response to the services, and pertinent information reported by family members or significant others regarding a change in the client's condition or an unusual/unexpected occurrence in the client's life, or both. If a provider is billing both PSR-IMR and PSR, there shall be either a single weekly summary progress note that clearly addresses both the PSR-IMR and PSR sessions and activities during the week, or two (2) separate weekly summary progress notes addressing each type of PSR provided during the week.

2. Daily attendance records or logs that include the actual attendance times, as well as description of the activity or session attended clearly identifying and distinguishing PSR-IMR as the

specific type of psychosocial session and activity. These program attendance records/logs must be available for audit and monitoring purposes, however integration into each clinical record is not required.

[(D)](E) For all other community psychiatric rehabilitation program services, the client record shall include documentation of each session or episode that involves the client.

1. The specific services rendered.
2. The date and actual time the service was rendered.
3. Who rendered the service.
4. The setting in which the services were rendered.
5. The amount of time it took to deliver the services.
6. The relationship of the services to the treatment regimen described in the treatment plan.
7. Updates describing the client's response to prescribed care and treatment.

(9) In addition to documentation required under section (8), the CPR provider shall provide additional documentation for each service episode, unit, or as clinically indicated for each service provided to the client as follows:

(B) **Metabolic Syndrome Screening.** Completion of a form approved by the department; and a summary progress note verifying the completion of the screening and plans for ongoing monitoring of the individual based on the results of the screening. The form and progress note shall be filed in the client record and available for review and verification by the department and other authorized staff;

[(B)](C) Crisis Intervention and Resolution Services.

1. Description of the precipitating event(s)/situation, when known.
2. Description of the client's mental status.
3. Interventions initiated to resolve the client's crisis state.
4. Client response to intervention.
5. Disposition.
6. Planned follow-up by staff; and

[(C)](D) Community Support Services.

1. Phone contact reports.
2. Pertinent information reported by family members or significant others regarding a change in the client's condition, an unusual or unexpected occurrence in the client's life, or both.

**AUTHORITY:** section 630.655, RSMo 2000. Original rule filed Jan. 19, 1989, effective April 15, 1989. For intervening history, please consult the *Code of State Regulations*. Amended: Filed Dec. 1, 2011.

**PUBLIC COST:** This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

**PRIVATE COST:** This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

**NOTICE TO SUBMIT COMMENTS:** Anyone may file a statement in support of or opposition to this proposed amendment by writing to Melissa Manda, Deputy General Counsel, Department of Mental Health, PO Box 687, 1706 E. Elm Street, Jefferson City, MO 65102. To be considered, comments must be delivered by regular mail, express or overnight mail, in person, or by courier within thirty (30) days after publication in the *Missouri Register*. If to be hand-delivered, comments must be brought to the Department of Mental Health at 1706 E. Elm Street, Jefferson City, Missouri. No public hearing is scheduled.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 4—Mental Health Programs**

**PROPOSED AMENDMENT**

**9 CSR 30-4.039 Service Provision.** The division is amending section (13).

**PURPOSE:** This amendment sets forth requirements for peer support services provided by Certified Missouri Peer Specialists in a community psychiatric rehabilitation program.

(13) [The CPR provider shall utilize community support assistants as adjuncts to and assistants to the treatment team. Community support assistants may not be assigned an independent client caseload, and may receive assignments and direction from a community support worker.] If the CPR provider employs a Certified Missouri Peer Specialist, the Certified Missouri Peer Specialist shall be considered a member of the treatment team and shall participate in staff meeting discussions regarding the individual care of persons served. Certified Missouri Peer Specialists shall not be assigned an independent client caseload.

(A) The purpose of peer support services is to assist individuals served in their recovery from mental illness. The individualized treatment plan of the person served shall determine the focus of this service.

(B) Peer support services are person-centered with a recovery focus. Services allow individuals the opportunity to direct their own recovery and advocacy processes. Peer support services promote skills for coping with and managing symptoms while facilitating the utilization of natural supports and the preservation and enhancement of community living skills.

(C) Peer support services are defined as helping relationships between individuals and Certified Missouri Peer Specialists that promote respect, trust, and empower individuals to make changes and decisions to enhance their lives. Peer support services are directed toward achievement of specific goals that have been defined by the person serviced and specified in the individualized treatment plan. Activities provided by the Certified Missouri Peer Specialists emphasize the acquisition, development, and expansion of the rehabilitation skills needed to move forward in recovery. Interventions are built on the unique therapeutic relationship between the Certified Missouri Peer Specialists, the individual served, and the individual's family unit.

(D) Certified Missouri Peer Specialists are trained to assist their peers in the process of recovery and the power of resilience and provide hope that recovery is possible.

**AUTHORITY:** sections 630.050, 630.655, and 632.050, RSMo 2000. Original rule filed Jan. 19, 1989, effective April 15, 1989. For intervening history, please consult the *Code of State Regulations*. Amended: Filed Dec. 1, 2011.

**PUBLIC COST:** This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

**PRIVATE COST:** This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

**NOTICE TO SUBMIT COMMENTS:** Anyone may file a statement in support of or opposition to this proposed amendment by writing to Melissa Manda, Deputy General Counsel, Department of Mental Health, PO Box 687, 1706 E. Elm Street, Jefferson City, MO 65102. To be considered, comments must be delivered by regular mail, express or overnight mail, in person, or by courier within thirty (30) days after publication in the *Missouri Register*. If to be hand-delivered, comments must be brought to the Department of Mental Health at 1706 E. Elm Street, Jefferson City, Missouri. No public hearing is scheduled.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 4—Mental Health Programs**

**PROPOSED AMENDMENT**

**9 CSR 30-4.042 Admission Criteria.** The division is amending subsection (4)(D).

*PURPOSE:* This amendment specifies eligibility for admission to a CPR program based on functionality.

(4) The criteria for admission to community psychiatric rehabilitation program services shall include:

(D) *[Additional criteria]* A functional assessment may be used to establish eligibility and the need for and amount of services, including results from a standardized assessment prescribed by the department; and

*AUTHORITY:* section 630.050, RSMo Supp. [2009] 2011, and sections 630.655 and 632.050, RSMo 2000. Original rule filed Jan. 19, 1989, effective April 15, 1989. For intervening history, please consult the Code of State Regulations. Amended: Filed Dec. 1, 2011.

*PUBLIC COST:* This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

*PRIVATE COST:* This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or opposition to this proposed amendment by writing to Melissa Manda, Deputy General Counsel, Department of Mental Health, PO Box 687, 1706 E. Elm Street, Jefferson City, MO 65102. To be considered, comments must be delivered by regular mail, express or overnight mail, in person, or by courier within thirty (30) days after publication in the Missouri Register. If to be hand-delivered, comments must be brought to the Department of Mental Health at 1706 E. Elm Street, Jefferson City, Missouri. No public hearing is scheduled.

**Title 9—DEPARTMENT OF MENTAL HEALTH  
Division 30—Certification Standards  
Chapter 4—Mental Health Programs**

**PROPOSED AMENDMENT**

**9 CSR 30-4.043 Treatment Provided by Community Psychiatric Rehabilitation Programs.** The division is amending section (2).

*PURPOSE:* This amendment adds metabolic syndrome screening required for individuals receiving antipsychotic medications and other individuals as appropriate, Certified Missouri Peer Specialists, psychosocial rehabilitation illness management and recovery, individual and group professional psychosocial rehabilitation, family support services, child and adolescent family assistance, day treatment for youth, psychosocial rehabilitation for youth, and removes the services medication administration support and psychosocial recovery support that were not previously utilized and community support assistants which will be replaced with Certified Missouri Peer Specialists.

(2) The CPR provider shall provide the following community psychiatric rehabilitation services to eligible clients, as prescribed by individualized treatment plans:

*[(E) Medication Administration Support. The coordination*

*of medication needs with pharmacies, clients and families including the use of indigent drug programs (excluding the routine placing of prescription orders and refills with pharmacies); setting up medication boxes; medication drops to consumer residences; monitoring medication compliance; and monitoring vital signs;]*

(E) **Metabolic Syndrome Screening.** Clients who are receiving antipsychotic medications shall be screened annually for the following risk factors: obesity, hypertension, hyperlipidemia, and diabetes.

1. Services shall be provided by a registered nurse or a licensed practical nurse. Key service functions include:

A. Taking and recording of vital signs;

B. Conducting lab tests to assess lipid levels and blood glucose levels and/or HgbA1c;

C. Arranging for and coordinating lab tests to assess lipid levels and blood glucose levels and/or HgbA1c;

D. Obtaining results of lab tests to assess lipid levels and blood glucose levels and/or HgbA1c; and

E. Recording the results of all required vital signs and lab tests on a form approved by the department.

2. If the lab tests are conducted by a registered nurse or a licensed practical nurse onsite, the provider shall use the Cholestech LDX analyzer or other machine approved by the department. Recently completed lipid panel and blood glucose levels and/or HgbA1c from other health care providers may be obtained. When a client is being regularly followed by a health care provider, the results of the most recently completed lipid panel and blood glucose levels and/or HgbA1c may be obtained and used to complete the metabolic syndrome screening process. Metabolic syndrome screening shall be limited to one (1) time annually per individual.

(G) *[Community support assistants]* Certified Missouri Peer Specialists, as defined in 9 CSR 30-4.030 and 9 CSR 30-4.034, may provide the following *[community]* peer support services:

1. *[Providing individual assistance to clients in accessing needed mental health services including accompanying clients to appointment to address medical or other health needs;]* Assisting an individual to recover by—

A. Helping an individual recognize what he or she thinks would improve the quality of his or her life such as setting a recovery goal; and

B. Helping an individual identify and remove the barriers to achieving that life;

2. *[Providing individual assistance to clients in accessing a variety of public services including financial and housing, including assistance on an emergency basis, and directly helping to meet needs for food, shelter, and clothing;]* Certified Missouri Peer Specialists use the power of peers to support, encourage, and model recovery and resilience from mental illness in ways that are specific to the needs of each individual including the following:

A. Peer support services are individual or group services with a rehabilitation and recovery focus;

B. Peer support services promote skills for coping with and managing psychiatric symptoms while encouraging the use of natural supports and enhancing community living;

C. Peer support activities assist in achieving goals and objectives set forth by the individual in their individualized treatment or recovery plan; and

D. Peer support activities emphasize the opportunity for individuals to support each other as they move forward in their recovery;

3. *[Assisting clients to access and utilize a variety of community agencies and resources to provide ongoing social, educational, vocational and recreational supports and activities;]* Certified Missouri Peer Specialists interventions may include, but are not limited to, the following:

A. Sharing lived experiences of recovery and sharing and supporting the use of recovery tools and modeling successful recovery behaviors;

B. Helping individuals recognize their capacity for resilience;

C. Helping individuals connect with other consumers and their communities at large;

D. Helping individuals who have mental illness develop a network for information and support;

E. Assisting individuals who have mental illness to make independent choices and to take a proactive role in their treatment;

F. Assisting individuals with identifying strengths and personal resources to aid in their recovery; and

G. Helping individuals set and achieve recovery goals;

4. *[Training, coaching and supporting in daily living skills, including housekeeping, cooking, personal grooming, accessing transportation, keeping a budget, paying bills and maintaining an independent residence;]* The job description for a Certified Missouri Peer Specialist shall include supportive activities including but not limited to the following:

A. Starting and sustaining mutual support groups;

B. Promoting dialogues on recovery and resilience;

C. Teaching and modeling symptom management skills;

D. Teaching and modeling problem-solving skills;

E. Supporting efforts to find and maintain paid employment;

F. Using the stages in recovery concept to promote self-determination; and

G. Assisting peers in setting goals and following through on wellness and health activities;

5. *[Accompanying clients to activities in the community if appropriate;]* Certified Missouri Peer Specialists shall follow a code of ethics determined by the department;

6. *[Following up with clients regarding appointments, completion of forms, returning forms or receipts and other similar activities;]*

(H) Family Support. Services designed to provide a support system for parents of children up to age twenty-one (21) with serious emotional disorders. Activities are directed and authorized by the child's individualized treatment plan. Key service functions include, but are not limited to the following:

1. Determining level of understanding of the child's diagnosis and special needs;

2. Engaging the parents or guardians to actively participate in the child and family team meetings by helping them predetermine their roles and the roles of natural supports;

3. Assisting the parents or guardians in identifying their natural supports or surrogate supports;

4. Helping the parents or guardians identify the child's strengths and strengths of the family;

5. Supporting the parents or guardians at child and family team meetings and modeling good advocacy skills;

6. Assisting in trouble shooting and problem solving with strategies that are not working;

7. Connecting families to community resources; and

8. Helping the parents or guardians find and empower their own voice to become part of the system of care for their child;

(I) Child and Adolescent Family Assistance. Services designed to focus on the child or adolescent and the development of home and community living skills, communication, socialization, and identifying and arranging for appropriate community services. Key service functions include, but are not limited to the following:

1. Modeling appropriate behaviors and coping skills for the child;

2. Exposing the child to activities that encourage positive choices, promote self-esteem, support academic achievement,

and develop problem solving skills regarding home and school;

3. Teaching appropriate social skills through hands on experiences; and

4. Mentoring appropriate social interactions with the child or adolescent or resolving conflict with peers;

(J) Day Treatment for Youth. An intensive array of services provided in a structured, supervised environment designed to reduce symptoms of a psychiatric disorder and maximize functioning. Services are individualized based on the child's needs and include a multidisciplinary approach of care under the supervision of a physician. The provision of educational services shall be in compliance with Individuals with Disabilities Education Act 2004 and section 167.126, RSMo. Services shall be provided in the following manner:

1. Hours of operation shall be determined by the individual providers based on capacity, staffing availability, and space requirements. The child shall be in attendance for a minimum of three (3) hours per day, four (4) days per week, and no more than seven (7) hours per day;

2. Eligibility criteria shall include the following:

A. For children six (6) years of age and older, the client must be at risk of inpatient or residential placement; and

B. For children five (5) years of age or younger, the child must have been expelled from multiple day care/early learning programs due to emotional or behavioral dysregulation in relation to serious emotional disturbance or Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood Zero to Three, Revised (DC03R) diagnosis and previous services provided in an early childhood program were unsuccessful;

3. Key service functions include, but are not limited to the following:

A. Providing integrated treatment combining education, counseling, and family interventions;

B. Promoting active involvement of parents or guardians in the program;

C. Providing consultation and coordination to establish and maintain continuity of care with the child/family's private service providers;

D. Coordinating and information sharing, consistent with Family Educational Rights and Privacy Act and Health Insurance Portability and Accountability Act, and discharge planning with the school;

E. Requesting screening and assessment reports for special education from the school;

F. Planning with the school how the individualized education needs of each child will be addressed; and

G. Additional core services as prescribed by the department;

(K) Psychosocial rehabilitation for Youth. A combination of goal-oriented and rehabilitative services provided in a group setting to improve or maintain the youth's ability to function as independently as possible within the family or community. Services shall be provided according to the individual treatment plan with an emphasis on community integration, independence, and resiliency;

[(H)](L) Intensive Community Psychiatric Rehabilitation (CPR) as defined in 9 CSR 30-4.045;

[(I)](M) Psychosocial Rehabilitation. Key service functions include, but are not limited to, the following services which must be available within the community psychiatric rehabilitation program as indicated by individual client need:

1. Initial screening to evaluate the appropriateness of the client's participation in the program;

2. Development of individualized program goals and objectives;

3. The provision of rehabilitative services which may occur during the day, evenings, weekends, or a combination of these. Services should be structured, but are not limited to a program site;

4. Services that enhance independent living skills;
5. Services that address basic self-care needs;
6. Services that enhance the use of personal support systems;
7. Transportation to and from community facilities and resources as a part of program strategies;

8. Services shall be provided according to individual need toward goals of community inclusion, integration, and independence; and

9. Services should be available to adults as well as children and youth who need age-appropriate developmental focused rehabilitation; *[and]*

*[(J) Psychosocial Rehabilitation-Recovery Support. A program certified by the department. Key service functions include, but are not limited to, the following services as indicated by individual client need:*

1. A supervised, low demand environment that permits clients to practice skills and behaviors that will generalize to assist with personal relationships and supports, community integration and other life activities;

2. Support of informal, low demand group activities to engage the client to promote receptiveness to service delivery, cooperation with clinical interventions and medication as well as building trust to promote self-disclosure about symptoms, medication effects and other pertinent information;

3. Participation in support and self-help activities and groups that promote recovery;

4. Participation in informal and organized group activities to help reduce stress and improve coping that are normative to the community such as exercise, self-education, sports, hobbies, supportive social networks, etc.;

5. Provision of a safe environment for adaptive skills development and practice for individuals vulnerable to victimization due to the severity of their symptomatology and for those experiencing acute distress due to their psychiatric illness;

6. Ongoing informal assessment regarding participant mental status and communication of relevant information and behavioral descriptions to the team for follow-up as necessary; and

7. Participation may be scheduled or unscheduled.]

(N) Psychosocial Rehabilitation Illness Management and Recovery (PSR-IMR). A Psychosocial Rehabilitation program may offer department-approved psychosocial services provided individually or in a small group setting with a focus on recovery and the management of mental illness. Key service functions include but are not limited to, the following services:

1. Psychoeducation;
2. Relapse prevention; and
3. Coping skills training;

(O) Individualized Professional Psychosocial Rehabilitation. Individualized mental health interventions may be offered using a skills based approach to address identified behavioral problems and functional deficits relating to a mental disorder that interferes with an individual's personal, family, or community adjustment. Services must be documented according to the requirements set forth in 9 CSR 30-4.035(8)(E); and

(P) Group Professional Psychosocial Rehabilitation. Group mental health interventions may be offered using a skills-based approach to address identified behavioral problems and functional deficits relating to a mental disorder that interferes with an individual's personal, family, or community adjustment. Maximum group size is one professional to eight (8) individuals. Services must be documented according to the requirements set forth in 9 CSR 30-4.035(8)(E).

*AUTHORITY: sections 630.050, 630.655, and 632.050, RSMo 2000. Original rule filed Jan. 19, 1989, effective April 15, 1989. For intervening history, please consult the Code of State Regulations.*

*Amended: Filed Dec. 1, 2011.*

*PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or opposition to this proposed amendment by writing to Melissa Manda, Deputy General Counsel, Department of Mental Health, PO Box 687, 1706 E. Elm Street, Jefferson City, MO 65102. To be considered, comments must be delivered by regular mail, express or overnight mail, in person, or by courier within thirty (30) days after publication in the Missouri Register. If to be hand-delivered, comments must be brought to the Department of Mental Health at 1706 E. Elm Street, Jefferson City, Missouri. No public hearing is scheduled.*

## Title 9—DEPARTMENT OF MENTAL HEALTH

### Division 30—Certification Standards

### Chapter 4—Mental Health Programs

#### PROPOSED AMENDMENT

**9 CSR 30-4.046 Psychosocial Rehabilitation.** The division is adding new sections (5)–(8) and renumbering as needed.

*PURPOSE: This rule amendment adds psychosocial rehabilitation illness management and recovery (PSR-IMR), individual and group professional psychosocial rehabilitation, and psychosocial rehabilitation for youth as specific services to a psychosocial rehabilitation program.*

(5) The psychosocial rehabilitation program may provide illness management and recovery services that promote physical and mental wellness, well-being, self-direction, personal empowerment, respect, and responsibility in individual and group settings. The maximum group size for Psychosocial Rehabilitation Illness Management and Recovery shall not exceed eight (8) participants; however, if there are other curriculum based approaches that suggest different group size guidelines, larger group sizes may be approved by the department. Services shall be person-centered and strength-based and include, but are not limited to, the following:

- (A) Psychoeducation;
- (B) Relapse prevention; and
- (C) Coping skills training.

(6) Individual professional psychosocial rehabilitation may be provided utilizing a skills-based approach to address identified behavioral problems and functional deficits relating to a mental disorder that interferes with an individual's personal, family, or community adjustment.

(7) Group professional psychosocial rehabilitation may be provided utilizing a skills based approach to address identified behavioral problems and functional deficits relating to a mental disorder that interferes with an individual's personal, family, or community adjustment with maximum group size of one (1) professional to eight (8) individuals.

(8) Psychosocial rehabilitation for youth may be provided as a combination of goal-oriented and rehabilitative services provided in a group setting to improve or maintain the youth's ability to function as independently as possible within the family or community.

**Services shall be provided according to the individual treatment plan with an emphasis on community integration, independence, and resiliency. Hours of operation shall be determined by the individual providers based on capacity, staffing availability, geography and space requirements but shall be no less than two (2) hours in duration per day and no more than six (6) hours per day.**

*[(5)](9)* The community psychiatric rehabilitation (CPR) provider shall provide or arrange transportation to and from the psychosocial rehabilitation program, as well as to various sites in the community, to provide off-site training/rehabilitation in realistic settings.

*[(6)](10)* The psychosocial rehabilitation program shall provide regular client access to facilities and equipment necessary to provide opportunities for training and rehabilitation in daily living skills, including at a minimum, those activities associated with meal preparation and laundry.

*[(7)](11)* The psychosocial rehabilitation program shall provide off-site services on a regular basis as part of the structured plan of activities for training/rehabilitation of community living skills.

*[(8)](12)* The psychosocial rehabilitation program shall provide or arrange for services on evenings and weekends, as required, to effectively address the rehabilitation needs of the program clients.

*[(9)](13)* The psychosocial rehabilitation program shall implement policies and procedures to provide for the participation of clients, client family members, and client advocates (with client agreement) in the planning, development, and evaluation of the psychosocial rehabilitation program's activities.

**AUTHORITY:** section 630.655, RSMo [1994] 2000. Original rule filed Jan. 19, 1989, effective April 15, 1989. Amended: Filed Dec. 13, 1994, effective July 30, 1995. Amended: Filed Dec. 1, 2011.

**PUBLIC COST:** This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

**PRIVATE COST:** This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

**NOTICE TO SUBMIT COMMENTS:** Anyone may file a statement in support of or opposition to this proposed amendment by writing to Melissa Manda, Deputy General Counsel, Department of Mental Health, PO Box 687, 1706 E. Elm Street, Jefferson City, MO 65102. To be considered, comments must be delivered by regular mail, express or overnight mail, in person, or by courier within thirty (30) days after publication in the *Missouri Register*. If to be hand-delivered, comments must be brought to the Department of Mental Health at 1706 E. Elm Street, Jefferson City, Missouri. No public hearing is scheduled.

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 70—MO HealthNet Division  
Chapter 3—Conditions of Provider Participation,  
Reimbursement and Procedure of General  
Applicability**

**PROPOSED RULE**

**13 CSR 70-3.230 Payment Policy for Provider Preventable Conditions**

**PURPOSE:** This rule establishes the MO HealthNet payment policy for services provided by acute care hospitals or ambulatory surgical

*centers that result in Provider Preventable Conditions, errors in medical care that are clearly identifiable, preventable, and serious in their consequences for patients.*

**(1) Definitions.**

(A) Provider Preventable Conditions (PPC). An umbrella term for hospital and non-hospital acquired conditions identified by the state for nonpayment to ensure the high quality of Medicaid services. PPCs include two (2) distinct categories, Health Care-Acquired Conditions (HCAC) and Other Provider-Preventable Conditions (OPPC).

(B) Health Care-Acquired Conditions (HCAC). Apply to conditions that occurred during a Medicaid inpatient hospital stay. HCACs are defined as the full list of Medicare Hospital Acquired Conditions, with the exception of Deep Vein Thrombosis/Pulmonary Embolism following total knee replacement or hip replacement in pediatric and obstetric patients, as the minimum requirements for states' PPC non-payment program.

(C) Other Provider-Preventable Conditions (OPPC). This includes the list of Serious Reportable Events in Healthcare as published by the National Quality Forum. These conditions apply broadly to Medicaid inpatient and outpatient health care settings where these events may occur.

(D) Adverse event. A discrete, auditable, and clearly defined occurrence as identified by the National Quality Forum in its list of serious adverse events in health care, as of December 15, 2008, (and as further defined by the criteria and implementation guidance of Table 1 of the National Quality Forum's publication "Serious Reportable Events in Healthcare: 2006 Update" which is available at [http://www.qualityforum.org/publications/reports/sre\\_2006.asp](http://www.qualityforum.org/publications/reports/sre_2006.asp)) or an event identified by the Centers for Medicare and Medicaid Services, as of December 15, 2008, that leads to a negative consequence of care resulting in an unintended injury or illness which was preventable.

(E) Preventable. An event that reasonably could have been anticipated and avoided by the establishment and implementation of appropriate policies, procedures, and protocols by a hospital or by staff conformance to established hospital policies, procedures, and protocols.

(F) Serious. An adverse event that results in death or loss of a body part, disability, or loss of bodily function lasting more than seven (7) days or, for a hospital patient, the loss of bodily function is still present at the time of discharge from a hospital.

(G) Healthcare facility. For purposes of the regulation shall mean a hospital or ambulatory surgical center.

**(2) Payment to hospitals enrolled as MO HealthNet providers for care related only to the treatment of the consequences of a HCAC will be denied or recovered by the MO HealthNet Division when the HCAC is determined to have occurred during an inpatient hospital stay.**

**(A) HCAC conditions include:**

1. Foreign object retained after surgery;
2. Air embolism;
3. Blood incompatibility;
4. Stage III and IV pressure ulcers;
5. Falls and trauma—
  - A. Fractures;
  - B. Dislocations;
  - C. Intracranial Injuries;
  - D. Crushing Injuries;
  - E. Burns; or
  - F. Electric Shock;
6. Catheter-associated Urinary Tract Infection;
7. Vascular catheter-associated infection;
8. Manifestations of poor glycemic control—
  - A. Diabetic Ketoacidosis;
  - B. Nonketotic Hyperosmolar coma;



- C. Hypoglycemic coma;
  - D. Secondary diabetes with ketoacidosis; or
  - E. Secondary diabetes with hyperosmolarity;
  - 9. Surgical site infection following:
    - A. Coronary Artery Bypass Graft (CABG)—Mediastinitis;
    - B. Bariatric surgery—
      - (I) Laparoscopic gastric Bypass;
      - (II) Gastroenterostomy; or
      - (III) Laparoscopic gastric restrictive surgery; or
    - C. Orthopedic procedures—
      - (I) Spine;
      - (II) Neck;
      - (III) Shoulder; or
      - (IV) Elbow; and
  - 10. Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) excluding those in pediatric and obstetric patients following:
    - A. Total knee replacement; or
    - B. Hip replacement.
- (B) Hospitals enrolled as MO HealthNet providers shall include the “Present on Admission” (POA) indicator on the CMS 1450 UB-04 or electronic equivalent when submitting inpatient claims for payment beginning July 1, 2010. The POA indicator is to be used according to the Official Coding Guidelines for Coding and Reporting and the CMS guidelines. The POA indicator will prompt review of inpatient hospital claims with an HCAC diagnosis code when appropriate according to the CMS guidelines.
- (C) HCACs are based on Medicare inpatient prospective payment system rules effective October 1, 2010 (FY 2011), published in the *Federal Register*, 75:157 (Aug. 16, 2010), pp. 50084-50085, with the inclusion of present on admission (POA) indicators as provided by the final regulation published in the *Federal Register*, 76:108 (June 6, 2011), pp. 32816-32838. Unlike Medicare, all MO HealthNet enrolled hospitals must report the above mentioned HCACs on claims submitted to MO HealthNet for consideration of payment.
- (3) Payment to hospitals or ambulatory surgical centers enrolled as MO HealthNet providers for care related only to the treatment of the consequences of an Other Provider-Preventable Condition such as a serious adverse event will be denied or recovered by the MO HealthNet Division when the serious adverse event is determined to—
- (A) Be preventable;
  - (B) Be within the control of the hospital or ambulatory surgical center;
  - (C) Have occurred during an inpatient hospital admission, outpatient hospital care, or care in an ambulatory surgical center;
  - (D) Have resulted in serious harm; and
  - (E) Be included on the National Quality Forum list of Serious Reportable Events as of December 15, 2008, non-payable by Medicare as of December 15, 2008. The National Quality Forum list of serious reportable events as of December 15, 2008, includes:
    - 1. Surgery performed on the wrong body part;
    - 2. Surgery performed on the wrong patient;
    - 3. Wrong surgical procedure on a patient;
    - 4. Foreign object left in a patient after surgery or other procedure;
    - 5. Intraoperative or immediately post-operative death in a normal health patient;
    - 6. Patient death or serious disability associated with the use of contaminated drugs, devices, or biologics provided by the healthcare facility;
    - 7. Patient death or serious disability associated with the use or function of a device in patient care in which the device is used or functions other than as intended;
    - 8. Patient death or serious disability associated with intravascular air embolism that occurs while being cared for in a healthcare facility;

- 9. Infant discharged to the wrong person;
  - 10. Patient death or serious disability associated with patient elopement (disappearance) for more than four (4) hours;
  - 11. Patient suicide or attempted suicide resulting in serious disability, while being cared for in a healthcare facility;
  - 12. Patient death or serious disability associated with a medication error (error involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration);
  - 13. Patient death or serious disability associated with a hemolytic reaction due to the administration of ABO-incompatible blood or blood products;
  - 14. Maternal death or serious disability associated with labor or delivery on a low-risk pregnancy while being cared for in a healthcare facility;
  - 15. Patient death or serious disability associated with hypoglycemia, the onset of which occurs while the patient is being cared for in a healthcare facility;
  - 16. Death or serious disability (Kernicterus) associated with failure to identify and treat hyperbilirubinemia in neonates;
  - 17. Stage III or IV pressure ulcers acquired after admission to a healthcare facility;
  - 18. Patient death or serious disability due to spinal manipulative therapy;
  - 19. Patient death or serious disability associated with an electric shock while being cared for in a healthcare facility;
  - 20. Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by toxic substances;
  - 21. Patient death or serious disability associated with a burn incurred from any source while being cared for in a healthcare facility;
  - 22. Patient death associated with a fall while being cared for in a healthcare facility;
  - 23. Patient death or serious disability associated with the use of restraints or bedrails while being cared for in a healthcare facility;
  - 24. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider;
  - 25. Abduction of a patient of any age; or
  - 26. Sexual assault on a patient within or on the grounds of a healthcare facility;
- (F) Other Provider-Preventable Conditions (OPPC) or serious adverse events are to be billed as follows:
- 1. Medical claims using the CMS 1500 claim form, must be billed with the surgical procedure code and modifier which indicates the type of serious adverse event: modifier PA (wrong body part), PB (wrong patient), or PC (wrong surgery), AND/OR at least one (1) of the diagnosis codes indicating wrong surgery, wrong patient, or wrong body part must be present as one of the first four (4) diagnoses codes on the claim.
  - 2. Outpatient hospital claims using the CMS 1450 UB-04 claim form or its electronic equivalent must be billed with at least one (1) of the diagnosis codes indicating wrong surgery, wrong patient, or wrong body part within the first five (5) diagnosis codes listed on the claim.
  - 3. Inpatient hospital claims, using the CMS 1450 UB-04 claim form or its electronic equivalent must be billed with a type of bill 0110.
    - A. If there are covered services or procedures provided during the same stay as the serious adverse event service, then the facility must submit two (2) claims; one (1) claim with covered services unrelated to the OPPC event and the other claim for any and all services related to the OPPC event.
    - B. The Type of Bill 0110 claim must also contain one (1) of the diagnosis codes indicating wrong surgery, wrong patient, or wrong body part within the first five (5) diagnosis codes listed on the claim.



(4) A MO HealthNet participant shall not be liable for payment for an item or service related to an OPPC or HCAC or the treatment of consequences of an OPPC or HCAC that would have been otherwise payable by the MO HealthNet Division.

(5) MO HealthNet payment denials or recoupments will be calculated by the MO HealthNet Division based on the facts of each OPPC or HCAC. The calculation of the denial of payment or recoupment will be reviewed by the MO HealthNet Division Medical Director and the MO HealthNet Division Director. The final decision of the division regarding the denial of payment or recoupment shall be subject to review by the Administrative Hearing Commission pursuant to the provisions of section 208.156, RSMo. Such payment limitation shall only apply to the hospital or ambulatory surgical center where the OPPC or HCAC occurred and shall not apply to care provided by other hospitals should the patient subsequently be transferred or admitted to another hospital for needed care.

(6) A MO HealthNet participant shall not be liable for payment, and must not be billed, for any item or service related to a PPC.

*AUTHORITY: sections 208.153 and 208.201, RSMo Supp. 2011. Material in this rule originally filed as 13 CSR 70-15.200. Original rule filed Nov. 30, 2011.*

*PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed rule will cost private entities eight hundred six dollars and thirteen cents (\$806.13) per year.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be delivered by regular mail, express or overnight mail, in person, or by courier within thirty (30) days after publication of this notice in the **Missouri Register**. If to be hand delivered, comments must be brought to the MO HealthNet Division at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.*

**FISCAL NOTE  
PRIVATE COST**

- I. Department Title:** Title 13 - Department of Social Services  
**Division Title:** Division 70 - MO HealthNet Division  
**Chapter Title:** Chapter 3 - Condition

<b>Rule Number and Name:</b>	13 CSR 70-3.230 Payment Policy for Provider Preventable Conditions.
<b>Type of Rulemaking:</b>	Proposed Rule

**II. SUMMARY OF FISCAL IMPACT**

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
Hospitals and Ambulatory Surgical Centers enrolled in MO HealthNet		\$806.13

**III. WORKSHEET****IV. ASSUMPTIONS**

The Centers for Medicare and Medicaid Services (CMS) estimated the annual burden associated with annual record keeping and reporting requirements to be \$806.13 per state. CMS also acknowledged that it is difficult to estimate what, if any, the amount which will be withheld from providers under this type regulation, as not all preventable serious adverse events or health care acquired conditions have been billed in the past. Hospitals or ambulatory surgical centers may incur additional costs to reduce preventable serious adverse events or health care-acquired conditions (HCAC's) such as costs for hiring additional nurses to ensure enforcement of the infection prevention policies. In turn, preventing or reducing HCAC's will lead to a reduction in direct health spending, which is a benefit realized by patients, Medicaid, hospitals, ambulatory surgical centers, and other payers.

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 70—MO HealthNet Division  
Chapter 15—Hospital Program**

**PROPOSED RESCISSION**

**13 CSR 70-15.200 Payment Policy for a Preventable Serious Adverse Event or Hospital or Ambulatory Surgical Center-Acquired Condition.** This rule established the MO HealthNet payment policy for services provided by acute care hospitals or ambulatory surgical centers that result in a preventable serious adverse event or hospital or ambulatory surgical center-acquired condition, errors in medical care that are clearly identifiable, preventable, and serious in their consequences for patients.

*PURPOSE:* This rule is being rescinded to move the MO HealthNet payment policy for services provided by acute care hospitals or ambulatory surgical centers that result in a preventable serious adverse event or health care acquired condition from Chapter 15, Hospital Program, to 13 CSR 70-3.230 Payment Policy for Provider Preventable Conditions, Chapter 3, Conditions of Provider Participation, Reimbursement And Procedure of General Applicability. A proposed rule which covers the MO HealthNet policy for a preventable adverse event or health care acquired condition is published in this issue of the Missouri Register.

*AUTHORITY:* section 208.201, RSMo Supp. 2008. Original rule filed Nov. 17, 2008, effective June 30, 2009. Rescinded: Filed Nov. 30, 2011.

*PUBLIC COST:* The proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

*PRIVATE COST:* This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS:* Anyone may file a statement in support of or in opposition to this rescission with the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be delivered by regular mail, express or overnight mail, in person, or by courier within thirty (30) days after publication of this notice in the Missouri Register. If to be hand delivered, comments must be brought to the MO HealthNet Division at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.

**Title 19—DEPARTMENT OF HEALTH AND  
SENIOR SERVICES  
Division 20—Division of Community and Public Health  
Chapter 28—Immunization**

**PROPOSED AMENDMENT**

**19 CSR 20-28.010 Immunization Requirements for School Children.** The department is amending the purpose statement, sections (1)–(4), and the forms and schedules which follow the rule in the Code of State Regulations.

*PURPOSE:* This amendment revises the minimum immunization requirements for all students in accordance with current recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Interstate Compact on Educational Opportunity for Military Children.

*PURPOSE:* This rule establishes minimum immunization requirements for all [school children] students in accordance with recom-

mendations of the Advisory Committee on Immunization Practices (ACIP) [and helps assure that appropriate actions are taken by schools to enforce section 167.181, RSMo] and the Interstate Compact on Educational Opportunity for Military Children.

(1) As mandated by section 167.181, RSMo, each superintendent of a public, private, parochial, or parish school shall have a record prepared showing the immunization status of every child enrolled in or attending a school under the superintendent's jurisdiction. The school superintendent shall make a summary report to the Department of Health and Senior Services no later than October 15 of each school year. This date is necessitated by the law which prohibits the enrollment and attendance of [children] students who are in noncompliance. This report shall include **aggregate** immunization information by grade or age by vaccine antigen [(diphtheria, tetanus, pertussis, polio, measles, rubella, mumps, hepatitis B, and varicella)], number of [children] students enrolled, number of [children adequately immunized] students in compliance with state immunization requirements, number of [children] students in progress, [and] number of [children exempt] students with signed medical exemption, number of students with signed religious exemption, number of students noncompliant with immunization record, and number of students with no immunization record. Each school superintendent or [chief administrator] designee shall submit a summary report for all schools under the administrator's jurisdiction. Separate reports for each school should not be submitted, although separate lists shall be maintained in each school for auditing purposes.

(A) Exclusion of students in noncompliance, section 167.181, RSMo. Students cannot attend school unless they are properly immunized and can provide satisfactory evidence of the immunization or unless they are exempted. **The school administration shall exercise its power of pupil suspension or expulsion under section 167.161, RSMo, and possible summary suspension under section 167.171, RSMo, until the violation is removed.** Transfer students in noncompliance shall not be permitted to enroll or attend school. Students who were enrolled during the previous school year shall be denied attendance for the current school year if not in compliance. [Homeless children] Under section 160.2000, RSMo, children of military families shall be given thirty (30) days from the date of enrollment to obtain any required immunization, or initial vaccination for a required series of immunizations. A student determined to be homeless by school officials may be enrolled in school for no more than [twenty-four (24) hours] thirty (30) days prior to providing satisfactory evidence of immunization. **If the homeless student's immunization record is not obtained within the thirty (30) days and the student is still eligible for services under the homeless education program, the student must begin the immunization series and demonstrate that satisfactory progress has been accomplished within ninety (90) days. If the homeless student is exempted from receiving immunizations, then after the initial thirty (30) day enrollment, the student must provide documentation in accordance with the exemption requirements included herein.** For the purpose of this paragraph, a homeless [child] student shall be defined as a [child] student who lacks a fixed, regular, and adequate nighttime residence; or who has a primary nighttime residence in a supervised publicly or privately operated shelter or in an institution providing temporary residence or in a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings. [The school administration should exercise its power of pupil suspension or expulsion under section 167.161, RSMo and possible summary suspension under section 167.171, RSMo until the violation is removed.]

(B) This rule is designed to govern any [child—] student, regardless of age[—], who is attending a public, private, parochial, or parish school. If the specific age or grade recommendations are not

mentioned within this rule, the Missouri Department of Health and Senior Services should be consulted.

(C) It is unlawful for any *[child]* student to attend school unless the *[child]* student has been immunized according to this rule or unless *[the parent or guardian has signed and placed on file]* a **signed** statement of medical or religious exemption **is on file** with the school administrator. **In the event of an outbreak or suspected outbreak of a vaccine-preventable disease within a particular facility, the administrator of the facility shall follow the control measures instituted by the local health authority or the Department of Health and Senior Services pursuant to 19 CSR 20-20.040.**

1. Medical exemption. A *[child]* student shall be exempted from the immunization requirements of this rule **as provided in section 167.181, RSMo**, upon **signed** certification by a licensed doctor of medicine (MD), *[or]* doctor of osteopathy (DO), **or his or her designee indicating** that either the immunization would seriously endanger the *[child's]* student's health or life or the *[child]* student has documentation of **disease or** laboratory evidence of immunity to the disease. The Department of Health and Senior Services *[F]*form Imm.P.12, included herein, shall be **placed** on file with the school immunization health record for each *[child]* student with a medical exemption. This need not be renewed annually.

2. Religious exemption. A *[child]* student shall be exempted from the immunization requirements of this rule as provided in section 167.181, RSMo, if one (1) parent or guardian objects in writing to the school administrator that immunization of that *[child]* student violates his/her religious beliefs. This exemption on Department of Health and Senior Services *[F]*form Imm.P.11A, included herein, shall be **signed by the parent or guardian and** placed on file with the school immunization health record. **This need not be renewed annually.**

3. Immunization in progress. Section 167.181, RSMo, provides that students may continue to attend school as long as they have started an immunization series and **provide** satisfactory **evidence indicating** progress is being accomplished. A Department of Health and Senior Services *[F]*form Imm.P.14, included herein, shall be **completed and placed** on file with the school immunization health record of each student with immunizations in progress. Failure to meet the next scheduled appointment constitutes noncompliance with the school immunization law and exclusion *[should]* **shall** be initiated immediately. Refer to subsection (1)(A) of this rule regarding exclusion of students in noncompliance.

(2) For school attendance, *[children]* students shall be immunized against vaccine-preventable diseases as established by the Department of Health and Senior Services and provide required documentation of immunization status. Age **or** grade-appropriate vaccine requirements *[will]* **shall** be according to the attachments listed in section (4), which are included herein. **Review of immunization requirements for school entry shall be conducted annually by each school superintendent or designee. Proposed revisions to the immunization requirements shall be recommended by the State Advisory Committee on Childhood Immunizations and the State Board of Health and be made available by the Department of Health and Senior Services by May 1 of each calendar year. Revisions to school immunization requirements shall be required for school attendance one (1) full year after publication in the Code of State Regulations, beginning with the first day of school of that school year.**

(A) One (1) dose of varicella vaccine shall be required for all *[children]* students starting kindergarten *[or who were five (5) or six (6) years of age]* as of and after the beginning of the 2005–2006 school year through the end of the 2009–2010 school year.

(B) Two (2) doses of varicella vaccine shall be required for all *[children]* students starting kindergarten *[or who were five (5) or six (6) years of age]* as of and after the beginning of the

2010–2011 school year.

(C) **One (1) dose of Tdap (tetanus, diphtheria, and pertussis) vaccine shall be required for all students starting eighth grade as of and after the beginning of the 2010–2011 school year.**

(3) The parent or guardian shall furnish the superintendent or designee satisfactory evidence of immunization or exemption from immunization.

(A) Satisfactory evidence of immunization means a statement, certificate, or record from a physician or **his or her designee**, other recognized health facility *[or person]*, **immunization registry, school record, or child care record** stating that the required immunizations have been given to the person and verifying the type of vaccine. *[All children shall be required to]* **This statement, certificate, or record shall provide documentation of the specific antigen and the month, day, and year of vaccine administration.** However, if a *[child]* student starting kindergarten **as of and after the beginning of the 2010–2011 school year** has had varicella (chickenpox) disease, a licensed *[doctor of medicine or doctor of osteopathy]* healthcare provider (e.g., school or occupational clinic nurse, nurse practitioner, physician assistant, physician) may sign and place on file with the superintendent or designee a written statement documenting previous varicella (chickenpox) disease. **For students starting kindergarten as of and after the beginning of the 2005–2006 school year through the end of the 2009–2010 school year, the parent or guardian or a licensed doctor of medicine (MD) or doctor of osteopathy (DO) or his or her designee may sign and place on file with the superintendent or designee a written statement documenting previous varicella (chickenpox) disease.** The statement may contain wording such as: “This is to verify that (name of *[child]* student) had varicella (chickenpox) disease on or about (date) and does not need varicella vaccine.”

(4) Immunization schedule requirements for *[school age children]* students shall be:—

(A) Missouri School Immunization Schedule Vaccines Received 0–6 Years of Age, included herein;

(B) Missouri School Immunization Schedule Vaccines Received 7–18 Years of Age, included herein; and

(C) Catch-up Immunization Schedule for Persons Aged 4 Months–18 Years Who Start Late or Who Are More Than 1 Month Behind, included herein.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
MEDICAL IMMUNIZATION EXEMPTION

FOR LICENSED DOCTOR OF  
MEDICINE OR DOCTOR OF  
OSTEOPATHY ONLY

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (Section 167.181 and Section 210.003, RSMo) FOR SCHOOL AND PUBLIC, PRIVATE OR PAROCHIAL PRESCHOOL, DAY CARE CENTER, PRESCHOOL, OR NURSERY SCHOOL CARING FOR TEN OR MORE CHILDREN

Unimmunized children have a greater risk of contracting and spreading vaccine-preventable diseases to babies who are too young to be fully immunized and those who cannot be immunized due to medical conditions. In the event of an outbreak or suspected outbreak of a vaccine-preventable disease within a particular facility, children who are not fully immunized or do not have documented laboratory evidence of immunity shall not be allowed to attend school or day care until the local health authority declares the designated outbreak or health emergency has ended.

THIS IS TO  
CERTIFY  
THAT

NAME OF CHILD (PRINT OR TYPE)

IS EXEMPT FROM RECEIVING THE FOLLOWING IMMUNIZATION(S) BECAUSE:

☐ The child has documentation of disease or laboratory evidence of immunity to the disease. \_\_\_\_\_ (month/year)

☐ The physical condition of the above-named child is such that immunization would endanger their life or health or is medically contraindicated due to other medical conditions.

☐ DIPHTHERIA

☐ HEPATITIS B

☐ HIB

☐ MMR

☐ PERTUSSIS

☐ PNEUMOCOCCAL

☐ POLIO

☐ TETANUS

☐ VARICELLA

☐ OTHER \_\_\_\_\_

PHYSICIAN/PHYSICIAN'S DESIGNEE NAME (PRINT OR TYPE)

PHYSICIAN SIGNATURE

DATE

**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
RELIGIOUS IMMUNIZATION EXEMPTION**

Required under the Missouri state immunization law (Section 167.181, RSMo) of children attending public, private, and parochial or parish schools.

We strongly encourage you to immunize your child, but ultimately the decision is yours. Please discuss any concerns you have with a trusted healthcare provider or call the immunization coordinator at your local or state health department. Your final decision affects not only the health of your child, but also the rest of your family, the health of your child's friends and their families, classmates, neighbors, and community.

Unimmunized children have a greater risk of contracting and spreading vaccine-preventable diseases to babies who are too young to be fully immunized and those who cannot be immunized due to medical conditions. In the event of an outbreak or suspected outbreak of a vaccine-preventable disease within a particular facility, children who are not fully immunized or do not have documented laboratory evidence of immunity shall not be allowed to attend school or day care until the local health authority declares the designated outbreak or health emergency has ended.

<b>THIS IS TO CERTIFY THAT</b>	<b>NAME OF CHILD (PRINT OR TYPE)</b>	
<b>SHOULD BE EXEMPTED FROM RECEIVING THE FOLLOWING CHECKED IMMUNIZATION(S) BECAUSE IMMUNIZATIONS VIOLATE MY RELIGIOUS BELIEFS:</b>		
<input type="checkbox"/> DIPHTHERIA <input type="checkbox"/> HEPATITIS B <input type="checkbox"/> MMR <input type="checkbox"/> PERTUSSIS <input type="checkbox"/> POLIO		
<input type="checkbox"/> TETANUS <input type="checkbox"/> VARICELLA <input type="checkbox"/> OTHER _____		
<b>PARENT/GUARDIAN NAME (PRINT OR TYPE)</b>	<b>PARENT/GUARDIAN SIGNATURE</b>	<b>DATE</b>



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**IMMUNIZATIONS IN PROGRESS**

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (Section 167.181 and Section 210.003, RSMo) FOR SCHOOL, PRESCHOOL, DAY CARE AND NURSERY SCHOOL ATTENDANCE

In the event of an outbreak or suspected outbreak of a vaccine-preventable disease within a particular facility, children who are not fully immunized or do not have documented laboratory evidence of immunity shall not be allowed to attend school or day care until the local health authority declares the designated outbreak or health emergency has ended.

**THIS IS TO  
CERTIFY  
THAT**

NAME OF CHILD (PRINT OR TYPE)

received the following immunization(s) on \_\_\_\_\_ as required by State Immunization Laws

MONTH/DAY/YEAR

☐ DIPHTHERIA

☐ HEPATITIS B

☐ HIB

☐ MMR

☐ PERTUSSIS

☐ PNEUMOCOCCAL

☐ POLIO

☐ TETANUS

☐ VARICELLA

☐ OTHER \_\_\_\_\_

and is scheduled to return on \_\_\_\_\_

MONTH/DAY/YEAR

**NOTE:** This child is in compliance with Missouri Immunization Laws as long as he/she continues to receive the appropriate immunization(s) at the correct intervals according to the Advisory Committee on Immunization Practices (ACIP) recommendations.

PHYSICIAN/PUBLIC HEALTH NURSE/DESIGNEE/NAME (PRINT OR TYPE)

PHYSICIAN/PUBLIC HEALTH NURSE/DESIGNEE SIGNATURE

DATE

## Missouri School Immunization Schedule Vaccines Received 0 – 6 Years of Age

Vaccine ▾	Age ▶	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years
Hepatitis B <sup>1</sup>	Hep B		Hep B			Hep B						
Diphtheria, Tetanus, Pertussis <sup>2</sup>				DTaP	DTaP	DTaP	See footnote <sup>2</sup>	DTaP				DTaP
Inactivated Poliovirus <sup>3</sup>				IPV	IPV		IPV					IPV
Measles, Mumps, Rubella <sup>4</sup>							MMR		See footnote <sup>4</sup>			MMR
Varicella <sup>5</sup>							Varicella		See footnote <sup>5</sup>			Varicella

### Range of recommended ages

#### 1. Hepatitis B vaccine (HepB). (Minimum age: birth)

##### At birth:

- Administer monovalent HepB to all newborns before hospital discharge.
- If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG (no later than age 1 week).

##### Doses following the birth dose:

- The second dose should be administered at age 1 or 2 months. Monovalent HepB should be used for doses administered before age 6 weeks.
- Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg 1 to 2 months after completion of at least 3 doses of the HepB series, at age 9 through 18 months (generally at the next well-child visit).
- Administration of 4 doses of HepB to infants is permissible when a combination vaccine containing HepB is administered after the birth dose.
- Infants who did not receive a birth dose should receive 3 doses of HepB on a schedule of 0, 1, and 6 months.
- The final (3rd or 4th) dose in the HepB series should be administered no earlier than age 24 weeks.

#### 2. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)

- The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.

#### 3. Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)

- If 4 or more doses are administered prior to age 4 years an additional dose should be administered at age 4 through 6 years.
- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.

#### 4. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- The second dose may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.

#### 5. Varicella vaccine. (Minimum age: 12 months)

- The second dose may be administered before age 4 years, provided at least 3 months have elapsed since the first dose.
- For children aged 12 months through 12 years the recommended minimum interval between doses is 3 months. However, if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.

- For those children who fall behind or start late, see the catch-up schedule for the doses required and minimum intervals between doses.
- ACIP recommends that vaccine doses administered  $\leq 4$  days before the minimum interval or age be counted as valid, therefore the Missouri Department of Health and Senior Services will allow for the 4 day grace period.
- The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events.
- One (1) dose of varicella vaccine shall be required for all children starting kindergarten or who were five (5) or six (6) years of age as of and after the beginning of the 2005-2006 school year through the end of the 2009-2010 school year.
- Two (2) doses of varicella vaccine shall be required for all children starting kindergarten or who were five (5) or six (6) years of age as of and after the beginning of the 2010-2011 school year.

Missouri's School Immunization Schedule is compatible with the current recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics, and the American Academy of Family Physicians. This schedule includes recommendations in effect as of December 21, 2010, for children aged 0 through 6 years. Additional information is available at <http://www.cdc.gov/vaccines/recs/schedules>. Schools should consult the relevant ACIP statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>. For additional information please visit the Missouri Immunization Program's website at <http://www.dhss.mo.gov/immunizations> or call toll free 800-219-3224.



## Missouri School Immunization Schedule Vaccines Received 7 – 18 Years of Age

Vaccine ▾	Age ►	7-10 Years	11-12 YEARS	13-18 YEARS
Tetanus, Diphtheria, Pertussis <sup>1</sup>			<b>Tdap</b>	<b>Tdap</b>
Hepatitis B <sup>2</sup>		<b>Hep B Series</b>		
Inactivated Poliovirus <sup>3</sup>		<b>IPV Series</b>		
Measles, Mumps, Rubella <sup>4</sup>		<b>MMR Series</b>		
Varicella <sup>5</sup>		<b>Varicella Series</b>		

### Range of recommended ages

### Catch-up Immunization

**1. Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).** (Minimum age: 10 years for Boostrix and 11 years for Adacel)

- Persons aged 7 through 10 years who are not fully immunized against pertussis (including those never vaccinated or with unknown pertussis vaccination status) should receive a single dose of Tdap. Refer to the catch-up schedule if additional doses of tetanus and diphtheria toxoid-containing vaccine are needed.
- Administer at age 11 or 12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoid (Td) booster dose.
- Persons aged 13 through 18 years who have not received Tdap must receive a dose.
- Tdap can be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.

**2. Hepatitis B vaccine (HepB).**

- Administer the 3-dose series to those not previously vaccinated. For those with incomplete vaccination, follow the catch-up schedule.
- A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB is licensed for children aged 11 through 15 years.

**3. Inactivated poliovirus vaccine (IPV).**

- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.

**4. Measles, mumps, and rubella vaccine (MMR).**

- The minimum interval between the 2 doses of MMR is 4 weeks.

**5. Varicella vaccine.**

- 1 dose of varicella vaccine shall be required for all children starting kindergarten or who were 5 or 6 years of age as of and after the beginning of the 2005-2006 school year through the end of the 2009-2010 school year.
- 2 doses of varicella vaccine shall be required for all children starting kindergarten or who were 5 or 6 years of age as of and after the beginning of the 2010-2011 school year.

- For those children who fall behind or start late, see the catch-up schedule for the doses required and minimum intervals between doses.
- ACIP recommends that vaccine doses administered ≤4 days before the minimum interval or age be counted as valid, therefore the Missouri Department of Health and Senior Services will allow for the 4 day grace period.
- The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events.

Missouri's School Immunization Schedule is compatible with the current recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics, and the American Academy of Family Physicians. This schedule includes recommendations in effect as of December 21, 2010, for children aged 7 through 18 years. Additional information is available at <http://www.cdc.gov/vaccines/recs/schedules>. Schools should consult the relevant ACIP statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>. For additional information please visit the Missouri Immunization Program's website at <http://www.dhss.mo.gov/immunizations> or call toll free 800-219-3224.

## Catch-up Immunization Schedule for Persons Aged 4 Months – 18 Years Who Start Late or Who Are More Than 1 Month Behind

CATCH-UP SCHEDULE FOR PERSONS AGED 4 MONTHS – 18 YEARS					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B <sup>1</sup>	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Diphtheria, Tetanus, Pertussis <sup>2</sup>	6 wks	4 weeks	4 weeks	6 months	6 months <sup>2</sup>
Inactivated Poliovirus <sup>3</sup>	6 wks	4 weeks	4 weeks	6 months <sup>3</sup>	
Measles, Mumps, Rubella <sup>4</sup>	12 mos	4 weeks			
Varicella <sup>5</sup>	12 mos	3 months if person is younger than age 13 years 4 weeks if person is aged 13 years or older			
Tetanus, Diphtheria/ Tetanus, Diphtheria, Pertussis <sup>6</sup>	7 yrs <sup>6</sup>	4 weeks	4 weeks if first dose administered at younger than age 12 months 6 months if first dose administered at 12 months or older	6 months if first dose administered at younger than age 12 months	

### 1. Hepatitis B vaccine (HepB).

- Administer the 3-dose series to those not previously vaccinated.
- The minimum age for the third dose of HepB is 24 weeks.
- A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB is licensed for children aged 11 through 15 years.

### 2. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).

- The fifth dose is not necessary if the fourth dose was administered at age 4 years or older.

### 3. Inactivated poliovirus vaccine (IPV).

- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
- A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months following the previous dose.
- In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk for imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).

### 4. Measles, mumps, and rubella vaccine (MMR).

- Administer the second dose routinely at age 4 through 6 years. The minimum interval between the 2 doses of MMR is 4 weeks.

### 5. Varicella vaccine.

- Administer the second dose routinely at age 4 through 6 years.
- If the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.

### 6. Tetanus and diphtheria toxoids vaccine (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).

- Doses of DTaP are counted as part of the Td/Tdap series.
- Tdap should be substituted for a single dose of Td in the catch-up series for children aged 7 through 10 years or as a booster for children aged 11 through 18 years; use Td for other doses.

- ACIP recommends that vaccine doses administered ≤4 days before the minimum interval or age be counted as valid, therefore the Missouri Department of Health and Senior Services will allow for the 4 day grace period.
- The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events.
- One (1) dose of varicella vaccine shall be required for all children starting kindergarten or who were five (5) or six (6) years of age as of and after the beginning of the 2005-2006 school year through the end of the 2009-2010 school year.
- Two (2) doses of varicella vaccine shall be required for all children starting kindergarten or who were five (5) or six (6) years of age as of and after the beginning of the 2010-2011 school year.
- One (1) dose of Tdap vaccine shall be required for all children starting eighth grade as of and after the beginning of the 2010-2011 school year.

Missouri's School Immunization Schedule is compatible with the current recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics, and the American Academy of Family Physicians. This schedule includes recommendations in effect as of December 21, 2010, for children aged 4 months through 18 years. Additional information is available at <http://www.cdc.gov/vaccines/recs/schedules>. Schools should consult the relevant ACIP statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>. For additional information please visit the Missouri Immunization Program's website at <http://www.dhss.mo.gov/immunizations> or call toll free 800-219-3224.

*AUTHORITY: sections 167.181 and 192.020, RSMo Supp. [2008] 2011, and section 192.006, RSMo 2000. This rule was previously filed as 13 CSR 50-110.010. Original rule filed April 24, 1974, effective May 4, 1974. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Nov. 30, 2011.*

*PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed amendment will cost private entities sixteen thousand nine hundred four dollars (\$16,904) annually in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Health and Senior Services, Division of Community and Public Health, Harold Kirbey, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*

**FISCAL NOTE  
PRIVATE COST****I. RULE NUMBER**

**Department Title:** Missouri Department of Health and Senior Services  
**Division Title:** Division of Community and Public Health  
**Chapter Title:** Immunization

<b>Rule Number and Name:</b>	19 CSR 20-28.010 Immunization Requirements for School Children
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<b>Type of Rulemaking:</b>	Proposed Amendment
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**II. SUMMARY OF FISCAL IMPACT**

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by type of the business entities which would likely be affected:	Estimate as to the cost of compliance with the rule by the affected entities:
936 privately insured children needing Tdap during the 2012-2013 school year	Private health insurance companies	\$16,904 Annually in the aggregate
		\$16,904 Annually in the aggregate

**III. WORKSHEET**

The annual estimate was calculated as follows:

*Private Health Insurance*

936 Doses of vaccine @ \$18.06

\$ 16,904

**IV. ASSUMPTIONS**

- Most children receive their Tetanus-Diphtheria/Tetanus-Diphtheria-Pertussis (Td/Tdap) vaccination ten years after their last DT/DTaP given at four to five years of age. Therefore, the Td/Tdap booster would be given at 14 to 15 years of age. Children who have not received Tdap will be required to receive a dose two years after the last Td dose. Of the remaining school-aged children required to receive Tdap, approximately 78,000 children would be eligible to receive Tdap for the 2012-2013 school year per the Population Estimates Survey for Missouri from the Centers for Disease Control and Prevention (CDC).
- Of the 78,000 unvaccinated children, approximately 45% (35,100) will be immunized through the federal Vaccines for Children (VFC) program per the Vaccine Ordering Forecast Application from CDC.

3. Of the 78,000 unvaccinated children, approximately 15% (11,700) will be immunized through Local Public Health Agencies.
4. The remaining 40% (31,200) unvaccinated children will receive their vaccine from private insurance. Of that number, approximately 97% (30,264) will have already received Tdap vaccine from their private provider and 3% (936) will have received Td vaccine and will need to be vaccinated with Tdap, based on 2009 VFC private provider orders for Td/Tdap. Since Tdap is replacing an existing Td vaccine, the additional private sector cost represents the difference between the two vaccines. Additional private sector cost of Tdap versus Td vaccine is \$18.06 per dose.

$$936 \times \$18.06 = \$16,904$$

**Title 19—DEPARTMENT OF HEALTH AND  
SENIOR SERVICES**

**Division 20—Division of Community and Public Health  
Chapter 28—Immunization**

**PROPOSED AMENDMENT**

**19 CSR 20-28.040 Day Care Immunization Rule.** The department is amending sections (1), (3), and (4) and the forms and schedules which follow the rule in the *Code of State Regulations*.

*PURPOSE:* The purpose of the amendment serves to provide clarification of immunization reporting processes and requirements. The amendment also provides clarification of what persons are qualified to sign a written statement documenting previous varicella (chickenpox) disease.

(1) As mandated by section 210.003, RSMo, the administrator of each public, private, or parochial day care center, preschool, or nursery school caring for ten (10) or more children shall have a record prepared showing the immunization status of every child enrolled in or attending a facility under the administrator's jurisdiction. *[The administrator shall also make an annual summary report to the Department of Health and Senior Services on form Imm.P.32, included herein, no later than January 15 of each year.]* An annual summary report shall be made by January 15 of each year showing the immunization status of each child enrolled using forms provided for this purpose by the Department of Health and Senior Services. All facilities caring for or licensed for ten (10) or more children must submit a summary report. This report shall include immunization information by age up to kindergarten entry, by vaccine antigen, number of children enrolled, number of children fully immunized, number of children in progress, number of children with signed medical exemption, number of children with signed parental exemption, number of children in noncompliance, and number of children with proof of varicella disease.

(3) Section 210.003, RSMo, provides that a child who has not completed all appropriate immunizations may enroll if—

(A) Satisfactory evidence is produced that the child has begun the process of immunization. The child may continue to attend as long as *[the immunization process is being accomplished according to the Department of Health and Senior Services' recommended schedule]* they have started an immunization series and provide satisfactory evidence indicating progress is being accomplished. The Department of Health and Senior Services form Imm.P.14, included herein, shall be completed and placed on file with the child's immunization health record for each child with immunizations in progress. Failure to meet the next scheduled appointment constitutes noncompliance with the day care immunization law, and action shall be initiated immediately by the administrator to have the child excluded from the facility.

(B) The parent or guardian has signed and placed on file with the day care administrator a statement of exemption which may be either of the following:

1. A medical exemption, by which a child shall be exempted from the requirements of this rule upon **signed** certification by a licensed doctor of medicine (**MD**), *[or]* doctor of osteopathy (**DO**), **or his or her designee indicating** that either the immunization would seriously endanger the child's health or life, or the child has documentation of **disease or** laboratory evidence of immunity to the disease. The Department of Health and Senior Services' form Imm.P.12, included herein, shall be **placed** on file with the immunization record of each child with a medical exemption. The medical exemption need not be renewed annually; or

2. A parent or guardian exemption, by which a child shall be exempted from the requirements of this rule if one (1) parent or

guardian files a written objection to immunization with the day care administrator. The Department of Health and Senior Services' form Imm.P.11, included herein, shall be **signed by the parent or guardian and placed** on file with the immunization record of each child with a parental exemption. The parental exemption *[form]* must be renewed annually.

(4) The parent or guardian shall furnish the day care administrator satisfactory evidence of completion of the required immunizations, exemption from immunization, or progress toward completing all required immunizations. Satisfactory evidence of immunization means a statement, certificate, or record from a physician or **his or her designee**, other recognized health facility, **or immunization registry** stating that the required immunizations have been given to the person and verifying type of vaccine *[and the dates, including the month, day, and year of each immunization]*. **This statement, certificate, or record shall provide documentation of the specific antigen and the month, day, and year of vaccine administration.** However, if a child has had varicella (chickenpox) disease, a licensed *[doctor of medicine or doctor of osteopathy]* **health-care provider (e.g., school or occupational clinic nurse, nurse practitioner, physician assistant, physician)** may sign and place on file with the day care administrator a written statement documenting previous varicella (chickenpox) disease. The statement may contain wording such as: "This is to verify that (name of child) had varicella (chickenpox) disease on or about (date) and does not need varicella vaccine."



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
IMMUNIZATIONS IN PROGRESS

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (Section 167.181 and Section 210.003, RSMo) FOR SCHOOL, PRESCHOOL, DAY CARE AND NURSERY SCHOOL ATTENDANCE

In the event of an outbreak or suspected outbreak of a vaccine-preventable disease within a particular facility, children who are not fully immunized or do not have documented laboratory evidence of immunity shall not be allowed to attend school or day care until the local health authority declares the designated outbreak or health emergency has ended.

THIS IS TO  
CERTIFY  
THAT

NAME OF CHILD (PRINT OR TYPE)

received the following immunization(s) on \_\_\_\_\_ as required by State Immunization Laws  
MONTH/DAY/YEAR

☐ DIPHTHERIA

☐ HEPATITIS B

☐ HIB

☐ MMR

☐ PERTUSSIS

☐ PNEUMOCOCCAL

☐ POLIO

☐ TETANUS

☐ VARICELLA

☐ OTHER \_\_\_\_\_

and is scheduled to return on \_\_\_\_\_  
MONTH/DAY/YEAR

**NOTE:** This child is in compliance with Missouri Immunization Laws as long as he/she continues to receive the appropriate immunization(s) at the correct intervals according to the Advisory Committee on Immunization Practices (ACIP) recommendations.

PHYSICIAN/PUBLIC HEALTH NURSE/DESIGNEE/NAME (PRINT OR TYPE)

PHYSICIAN/PUBLIC HEALTH NURSE/DESIGNEE SIGNATURE

DATE


**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
PARENT/GUARDIAN IMMUNIZATION EXEMPTION**
**MUST BE RENEWED  
ANNUALLY**

Required under Missouri state immunization laws (Section 210.003, RSMo) for public, private, or parochial day care center, preschool or nursery school caring for ten or more children.

We strongly encourage you to immunize your child, but ultimately the decision is yours. Please discuss any concerns you have with a trusted healthcare provider or call the immunization coordinator at your local or state health department. Your final decision affects not only the health of your child, but also the rest of your family, the health of your child's friends and their families, classmates, neighbors, and community.

Unimmunized children have a greater risk of contracting and spreading vaccine-preventable diseases to babies who are too young to be fully immunized and those who cannot be immunized due to medical conditions. In the event of an outbreak or suspected outbreak of a vaccine-preventable disease within a particular facility, children who are not fully immunized or do not have documented laboratory evidence of immunity shall not be allowed to attend school or day care until the local health authority declares the designated outbreak or health emergency has ended.

☐ I have read and been informed of the consequences of not immunizing my child. (please initial)

THIS IS TO CERTIFY  
THAT I, THE PARENT/  
GUARDIAN OF

NAME OF CHILD (print or type)

DO OBJECT TO MY CHILD RECEIVING THE FOLLOWING CHECKED IMMUNIZATION(S):

- |                                     |                                       |                                |                                  |
|-------------------------------------|---------------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> DIPHTHERIA | <input type="checkbox"/> HEPATITIS B  | <input type="checkbox"/> HIB   | <input type="checkbox"/> MMR     |
| <input type="checkbox"/> PERTUSSIS  | <input type="checkbox"/> PNEUMOCOCCAL | <input type="checkbox"/> POLIO | <input type="checkbox"/> TETANUS |
| <input type="checkbox"/> VARICELLA  | <input type="checkbox"/> OTHER _____  |                                |                                  |

PARENT/GUARDIAN NAME (PRINT OR TYPE)

PARENT/GUARDIAN SIGNATURE

DATE





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
MEDICAL IMMUNIZATION EXEMPTION

FOR LICENSED DOCTOR OF  
MEDICINE OR DOCTOR OF  
OSTEOPATHY ONLY

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (Section 167.181 and Section 210.003, RSMo) FOR SCHOOL AND PUBLIC, PRIVATE OR PAROCHIAL PRESCHOOL, DAY CARE CENTER, PRESCHOOL, OR NURSERY SCHOOL CARING FOR TEN OR MORE CHILDREN

Unimmunized children have a greater risk of contracting and spreading vaccine-preventable diseases to babies who are too young to be fully immunized and those who cannot be immunized due to medical conditions. In the event of an outbreak or suspected outbreak of a vaccine-preventable disease within a particular facility, children who are not fully immunized or do not have documented laboratory evidence of immunity shall not be allowed to attend school or day care until the local health authority declares the designated outbreak or health emergency has ended.

THIS IS TO  
CERTIFY  
THAT

NAME OF CHILD (PRINT OR TYPE)

IS EXEMPT FROM RECEIVING THE FOLLOWING IMMUNIZATION(S) BECAUSE:

☐ The child has documentation of disease or laboratory evidence of immunity to the disease. \_\_\_\_\_ (month/year)

☐ The physical condition of the above-named child is such that immunization would endanger their life or health or is medically contraindicated due to other medical conditions.

☐ DIPHTHERIA

☐ HEPATITIS B

☐ HIB

☐ MMR

☐ PERTUSSIS

☐ PNEUMOCOCCAL

☐ POLIO

☐ TETANUS

☐ VARICELLA

☐ OTHER \_\_\_\_\_

PHYSICIAN/PHYSICIAN'S DESIGNEE NAME (PRINT OR TYPE)

PHYSICIAN SIGNATURE

DATE

## Missouri Day Care Immunization Requirements Vaccines Received 0 – 6 Years of Age

Vaccine ▾	Age ▶	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years
Hepatitis B <sup>1</sup>		Hep B	Hep B				Hep B					
Diphtheria, Tetanus, Pertussis <sup>2</sup>				DTaP	DTaP	DTaP	See Footnote <sup>2</sup>	DTaP				DTaP
Haemophilus influenzae type b <sup>3</sup>				Hib	Hib	Hib <sup>3</sup>	Hib					
Pneumococcal <sup>4</sup>				PCV	PCV	PCV	PCV					
Inactivated Poliovirus <sup>5</sup>				IPV	IPV		IPV					IPV
Measles, Mumps, Rubella <sup>6</sup>							MMR		See footnote <sup>6</sup>			MMR
Varicella <sup>7</sup>							Varicella		See footnote <sup>7</sup>			Varicella

### Range of recommended ages

#### 1. Hepatitis B vaccine (HepB). (Minimum age: birth)

##### At birth:

- Administer monovalent HepB to all newborns before hospital discharge.
- If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG (no later than age 1 week).

##### Doses following the birth dose:

- The second dose should be administered at age 1 or 2 months. Monovalent HepB should be used for doses administered before age 6 weeks.
- Infants born to HBsAg-positive mothers should be tested for HbsAg and antibody to HBsAg 1 to 2 months after completion of at least 3 doses of the HepB series, at age 9 through 18 months (generally at the next well-child visit).
- Administration of 4 doses of HepB to infants is permissible when a combination vaccine containing HepB is administered after the birth dose.
- Infants who did not receive a birth dose should receive 3 doses of HepB on a schedule of 0, 1, and 6 months.
- The final (3rd or 4th) dose in the HepB series should be administered no earlier than age 24 weeks.

#### 2. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)

- The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.

#### 3. Haemophilus influenzae type b conjugate vaccine (Hib). (Minimum age: 6 weeks)

- If PRP-OMP (PedvaxHIB or ComVax [HepB-Hib]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
- Hibrix should not be used for doses at ages 2, 4, or 6 months for the primary series but can be used as the final dose in children aged 12 months through 4 years.

#### 4. Pneumococcal vaccine. (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV])

- PCV is recommended for all children aged younger than 5 years. Administer 1 dose of PCV to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
- A PCV series begun with 7-valent PCV (PCV7) should be completed with 13-valent PCV (PCV13).
- A single supplemental dose of PCV13 is recommended for all children aged 14 through 59 months who have received an age-appropriate series of PCV7.
- A single supplemental dose of PCV13 is recommended for all children aged 60 through 71 months with underlying medical conditions who have received an age-appropriate series of PCV7.
- The supplemental dose of PCV13 should be administered at least 8 weeks after the previous dose of PCV7.
- Administer PPSV at least 8 weeks after last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant.

#### 5. Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)

- If 4 or more doses are administered prior to age 4 years an additional dose should be administered at age 4 through 6 years.
- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.

#### 6. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- The second dose may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.

#### 7. Varicella vaccine. (Minimum age: 12 months)

- The second dose may be administered before age 4 years, provided at least 3 months have elapsed since the first dose.
- For children aged 12 months through 12 years the recommended minimum interval between doses is 3 months. However, if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.

- For those children who fall behind or start late, see the catch-up schedule for the doses required and minimum intervals between doses.
- ACIP recommends that vaccine doses administered ≤4 days before the minimum interval or age be counted as valid, therefore the Missouri Department of Health and Senior Services will allow for the 4 day grace period.
- Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series.

Missouri's Day Care Immunization Schedule is compatible with the current recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics, and the American Academy of Family Physicians. This schedule includes recommendations in effect as of December 21, 2010, for children aged 0 through 6 years. Additional information is available at <http://www.cdc.gov/vaccines/recs/schedules>. Child care facilities should consult the respective ACIP statement for detailed recommendations, including for high risk conditions: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>. For additional information please visit the Missouri Immunization Program's website at <http://www.dhss.mo.gov/immunizations> or call toll free 800-219-3224.

## Catch-up Immunization Schedule for Persons Aged 4 Months – 6 Years Who Start Late or Who Are More Than 1 Month Behind

### CATCH-UP SCHEDULE FOR PERSONS AGED 4 MONTHS – 6 YEARS

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B <sup>1</sup>	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Diphtheria, Tetanus, Pertussis <sup>2</sup>	6 wks	4 weeks	4 weeks	6 months	6 months <sup>2</sup>
<i>Haemophilus influenzae</i> type b <sup>3</sup>	6 wks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose) if first dose administered at age 12-14 months No further doses needed if first dose administered at age 15 months or older	4 weeks <sup>3</sup> if current age is younger than 12 months 8 weeks (as final dose) <sup>3</sup> if current age is 12 months or older and first dose administered at younger than age 12 months and second dose administered at younger than 15 months No further doses needed if previous dose administered at age 15 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months	
Pneumococcal <sup>4</sup>	6 wks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose for healthy children) if first dose administered at age 12 months or older or current age 24 through 59 months No further doses needed for healthy children if first dose administered at age 24 months or older	4 weeks if current age is younger than 12 months 8 weeks (as final dose for healthy children) if current age is 12 months or older No further doses needed for healthy children if previous dose administered at age 24 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months or for children at high-risk who received 3 doses at any age	
Inactivated Poliovirus <sup>5</sup>	6 wks	4 weeks	4 weeks	6 months	
Measles, Mumps, Rubella <sup>6</sup>	12 mos	4 weeks			
Varicella <sup>7</sup>	12 mos	3 months			

#### 1. Hepatitis B vaccine (HepB).

- Administer the 3-dose series to those not previously vaccinated.
- The minimum age for the third dose of HepB is 24 weeks.
- A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB is licensed for children aged 11 through 15 years.

#### 2. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).

- The fifth dose is not necessary if the fourth dose was administered at age 4 years or older.

#### 3. *Haemophilus influenzae* type b conjugate vaccine (Hib).

- 1 dose of Hib vaccine should be considered for unvaccinated persons aged 5 years or older who have sickle cell disease, leukemia, or HIV infection, or who have had a splenectomy.
- If the first 2 doses were PRP-OMP (PedvaxHIB or ComVax), and administered at age 11 months or younger, the third (and final) dose should be administered at age 12 through 15 months and at least 8 weeks after the second dose.
- If the first dose was administered at age 7 through 11 months, administer the second dose at least 4 weeks later and a final dose at age 12 through 15 months.

#### 4. Pneumococcal vaccine.

- Administer 1 dose of 13-valent pneumococcal conjugate vaccine (PCV13) to all healthy children aged 24 through 59 months with any incomplete PCV schedule (PCV7 or PCV13).
- For children aged 24 through 71 months with underlying medical conditions, administer 1 dose of PCV13 if 3 doses of PCV were received previously or administer 2 doses of PCV13 at least 8 weeks apart if fewer than 3 doses of PCV were received previously.

- A single dose of PCV13 is recommended for certain children with underlying medical conditions through 18 years of age. See age-specific schedules for details.
- Administer pneumococcal polysaccharide vaccine (PPSV) to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant, at least 8 weeks after the last dose of PCV. A single revaccination should be administered after 5 years to children with functional or anatomic asplenia or an immunocompromising condition.

#### 5. Inactivated poliovirus vaccine (IPV).

- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
- A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months following the previous dose.
- In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk for imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).

#### 6. Measles, mumps, and rubella vaccine (MMR).

- Administer the second dose routinely at age 4 through 6 years. The minimum interval between the 2 doses of MMR is 4 weeks.

#### 7. Varicella vaccine.

- Administer the second dose routinely at age 4 through 6 years.
- If the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.

- ACIP recommends that vaccine doses administered  $\leq 4$  days before the minimum interval or age be counted as valid, therefore the Missouri Department of Health and Senior Services will allow for the 4 day grace period.
- Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series.

Missouri's Day Care Immunization Schedule is compatible with the current recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics, and the American Academy of Family Physicians. This schedule includes recommendations in effect as of December 21, 2010, for children aged 4 months through 6 years. Additional information is available at <http://www.cdc.gov/vaccines/recs/schedules>. Child care facilities should consult the respective ACIP statement for detailed recommendations, including for high risk conditions: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>. For additional information please visit the Missouri Immunization Program's website at <http://www.dhss.mo.gov/immunizations> or call toll free 800-219-3224.

**AUTHORITY:** sections 192.006 and 210.003, RSMo 2000. Emergency rule filed Aug. 1, 1995, effective Aug. 11, 1995, expired Dec. 8, 1995. Original rule filed April 17, 1995, effective Nov. 30, 1995. Emergency amendment filed June 14, 2000, effective June 24, 2000, expired Feb. 22, 2001. Amended: Filed June 14, 2000, effective Nov. 30, 2000. Amended: Filed Jan. 3, 2001, effective July 30, 2001. Amended: Filed Oct. 1, 2008, effective March 30, 2009. Amended: Filed Nov. 30, 2011.

**PUBLIC COST:** This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

**PRIVATE COST:** This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

**NOTICE TO SUBMIT COMMENTS:** Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Health and Senior Services, Division of Community and Public Health, Harold Kirby, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 19—DEPARTMENT OF HEALTH AND  
SENIOR SERVICES  
Division 30—Division of Regulation and Licensure  
Chapter 70—Lead Abatement and Assessment Licensing,  
Training Accreditation**

**PROPOSED AMENDMENT**

**19 CSR 30-70.620 Work Practice Standards for a Lead Risk Assessment.** The Department of Health and Senior Services is amending subsection (10)(B).

**PURPOSE:** This amendment updates the dust lead concentration values to be consistent with federal analytical lead sampling regulations.

(10) Sampling Results. Analytical sampling results which are received as a result of having conducted a risk assessment, an EBL investigation risk assessment, or lead hazard screen risk assessment shall be interpreted in accordance with the following for the matrices indicated:

(B) Dust. A dust sample which has a lead concentration that exceeds the values indicated below is considered to be a lead-bearing substance.

Floors—[50] <b>40</b> micrograms per square foot (µg/ft <sup>2</sup> )
Window Sills—250 µg/ft <sup>2</sup> <b>for interior window sills</b>
Window Troughs—[800] <b>400</b> µg/ft <sup>2</sup> <b>for window troughs</b>

**AUTHORITY:** section[s] 701.301, RSMo 2000, and section 701.312 [and 701.316], RSMo Supp. [1998] 2011. Emergency rule filed Aug. 19, 1999, effective Aug. 30, 1999, expired Feb. 25, 2000. Original rule filed Aug. 19, 1999, effective Feb. 29, 2000. Amended: Filed Nov. 30, 2011.

**PUBLIC COST:** This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

**PRIVATE COST:** This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

**NOTICE TO SUBMIT COMMENTS:** Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Health and Senior Services, Division of Community and Public Health, Harold Kirby, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 19—DEPARTMENT OF HEALTH AND  
SENIOR SERVICES  
Division 30—Division of Regulation and Licensure  
Chapter 70—Lead Abatement and Assessment Licensing,  
Training Accreditation**

**PROPOSED AMENDMENT**

**19 CSR 30-70.630 Lead Abatement Work Practice Standards.** The Department of Health and Senior Services is amending subsections (9)(A) and (B) and (11)(A).

**PURPOSE:** This amendment removes the requirement for a lead abatement supervisor to be on-site at all times during a lead abatement project, removes the wind speed restriction as a prohibited lead abatement practice, and updates the dust lead concentration values to be consistent with federal analytical lead sampling regulations.

(9) Lead Abatement Project Requirements.

(A) General.

1. A licensed lead abatement supervisor is required for each abatement project and shall be on-site during all work site preparation[, *abatement activities and during post-abatement cleanup of work areas*] and during the post-abatement cleanup of work areas. At all other times when abatement activities are being conducted, the licensed supervisor shall be on-site or available by telephone, pager, or answering machine and able to be present at the work site in no more than two (2) hours.

2. The lead abatement supervisor, as well as the lead abatement contractor employing that lead abatement supervisor, shall ensure that all abatement project activities are conducted according to the requirements of these work practice standards for conducting lead-bearing substance activities (19 CSR 30-70.600 through 19 CSR 30-70.630) and all federal, state, and local laws, regulations or ordinances pertaining to lead-bearing substance activities.

3. The lead abatement supervisor shall have on-site a list of all licensed lead abatement workers, which shall include their names and license numbers, working on the current project.

4. All abatement project activities shall be performed by persons currently licensed by OLLA as lead abatement workers and/or lead abatement supervisors. These people shall present, upon request, proof of licensure in the form of the photo identification badge issued by OLLA.

5. A written occupant protection plan shall be developed prior to all abatement projects according to section (7) of this regulation.

6. Access to the regulated area shall be limited to OLLA licensed lead professionals or department-authorized persons.

7. All waste generated from a lead-based paint abatement project shall be disposed of in accordance with the requirements of Environmental Protection Agency (EPA), Missouri Department of Natural Resources, and any other applicable federal, state, and local laws.

(B) Prohibited Lead Abatement Project Strategies. The following lead abatement project strategies are prohibited:

1. Open-flame burning or torching of lead-bearing substances;
2. Machine sanding or grinding or abrasive blasting or sand-blasting of lead-bearing substances without containment and high

efficiency particulate air (HEPA)-vacuum exhaust control;

3. Hydroblasting or pressurized water washing of lead-bearing substances without containment and water collection and filtering;

4. Heat guns operating above one thousand one hundred degrees Fahrenheit (1,100°F);

5. Methylene chloride based chemical strippers;

6. Solvents that have flashpoints below one hundred forty degrees Fahrenheit (140°F);

7. Dry scraping strategies unless in conjunction with heat guns or around electrical outlets or when treating defective paint spots totaling no more than two (2) square feet in any one room, hallway or stairwell or totaling no more than twenty (20) square feet on exterior surfaces;

8. Enclosure strategies where the barrier is not warranted by the manufacturer to last at least twenty (20) years under normal conditions, or where the primary barrier is not a solid barrier; **and**

9. Encapsulation strategies where the encapsulant is not warranted by the manufacturer to last at least twenty (20) years under normal conditions, or where the encapsulant has been improperly applied; **and**

10. Exterior abatement project activities when constant wind speeds are greater than ten (10) miles per hour].

(11) Clearance Levels. For each respective media, the following clearance levels shall be met for a lead-abatement project to be considered complete (if background lead levels are lower than the following clearance levels, clearance is not complete until background values are met):

(A) Dust samples—

Media	Clearance Level
Floors	[50] 40 µg/ft <sup>2</sup>
Interior window sills	250 µg/ft <sup>2</sup>
Window troughs	[800] 400 µg/ft <sup>2</sup>

**AUTHORITY:** section[s] 701.301, **RSMo 2000, and section [701.309,] 701.312 [and 701.316], RSMo Supp. [1998] 2011.** Emergency rule filed Aug. 19, 1999, effective Aug. 30, 1999, expired Feb. 25, 2000. Original rule filed Aug. 19, 1999, effective Feb. 29, 2000. Amended: Filed Nov. 30, 2011.

**PUBLIC COST:** This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

**PRIVATE COST:** This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

**NOTICE TO SUBMIT COMMENTS:** Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Department of Health and Senior Services, Division of Community and Public Health, Harold Kirbey, Division Director, PO Box 570, Jefferson City, MO 65102-0570. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

**20 CSR 2145-1.040 Fees.** The board is proposing to amend subsection (1)(F).

**PURPOSE:** The board is statutorily obligated to enforce and administer the provisions of sections 256.450–256.483, **RSMo**. Pursuant to section 256.465, **RSMo**, the Missouri State Board of Geologist Registration shall set fees necessary to administer the provisions of sections 256.450–256.483, **RSMo**. The board is proposing to increase the license renewal fee.

(1) The following fees are established by the Board of Geologist Registration and are payable in the form of a cashier's check, personal check, or money order:

(F) License Renewal Fee/s:

1. Until February 28, 2006] \$100.00

[2. Beginning March 1, 2008 with the 2010 renewal \$ 10.00]

**AUTHORITY:** section 256.465.2, **RSMo Supp. [2008] 2011.** This rule originally filed as 4 CSR 145-1.040. Emergency rule filed June 29, 1995, effective July 9, 1995, expired Nov. 5, 1995. Original rule filed Sept. 28, 1995, effective May 30, 1996. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Nov. 23, 2011.

**PUBLIC COST:** This proposed amendment will increase revenue for the Board of Geologist Registration, by approximately sixty-one thousand six hundred fifty dollars (\$61,650) biennially for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

**PRIVATE COST:** This proposed amendment will cost private entities approximately sixty one thousand six hundred fifty dollars (\$61,650) biennially for the life of the rule. It is anticipated that the costs will recur for the life of the rule, may vary with inflation, and are expected to increase at the rate projected by the Legislative Oversight Committee.

**NOTICE TO SUBMIT COMMENTS:** Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Board of Geologist Registration, Pamela Groose, Executive Director, PO Box 1335, Jefferson City, MO 65102-1335, by facsimile at (573) 526-3489, or via email at geology@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.

**Title 20—DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL  
REGISTRATION  
Division 2145—Missouri Board of Geologist Registration  
Chapter 1—General Rules**

**PROPOSED AMENDMENT**

**PUBLIC FISCAL NOTE****I. RULE NUMBER****Title 20 -Department of Insurance, Financial Institutions and Professional Registration****Division 2145 - Missouri Board of Geologist Registration****Chapter 1 - General Rules****Proposed Amendment to 20 CSR 2145-1.040 Fees**

Prepared November 23, 2011 by the Division of Professional Registration

**II. SUMMARY OF FISCAL IMPACT****Estimated Fiscal Impact**

Affected Agency or Political Subdivision	Estimated Revenue	
Board of Geologist Registration		\$61,650
	<b>Estimated Biennial Increase in Revenue for the Life of the Rule</b>	\$61,650

**III. WORKSHEET**

See Private Entity Fiscal Note

**IV. ASSUMPTION**

1. The total increase of revenue is based on the costs reflected in the Private Entity Fiscal Note filed with this amendment.
2. The board utilizes a rolling five year financial analysis process to evaluate its fund balance, establish fee structure, and assess budgetary needs. The five year analysis is based on the projected revenue, expenses, and number of licensees. Based on the board's recent five year analysis, the board voted on a \$90 increase in renewal fees.
3. It is anticipated that the total increase in revenue will occur for the life of the rule, may vary with inflation, and is expected to increase at the rate projected by the Legislative Oversight Committee.

**PRIVATE FISCAL NOTE**

**I. RULE NUMBER**

**Title 20 -Department of Insurance, Financial Institutions and Professional Registration**

**Division 2145 - Missouri Board of Geologist Registration**

**Chapter 1 - General Rules**

**Proposed Amendment to 20 CSR 2145-1.040 Fees**

**Prepared November 23, 2011 by the Division of Professional Registration**

**II. SUMMARY OF FISCAL IMPACT**

<b>Estimate the number of entities by class which would likely be affected by the adoption of the proposed amendment:</b>	<b>Classification by type of the business entities which would likely be affected:</b>	<b>Estimated cost of compliance with the amendment by affected entities:</b>
685	Application Fee (Application Fee Increase @ \$90)	\$61,650
	<b>Estimated Biennial Cost of Compliance for the Life of the Rule</b>	<b>\$61,650</b>

**III. WORKSHEET**

See Table Above

**IV. ASSUMPTION**

1. The above figures are based on FY08-FY10 actuals.
2. It is anticipated that the total fiscal costs will occur for the life of the rule, may vary with inflation, and is expected to increase at the rate projected by the Legislative Oversight Committee.

**Title 20—DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL  
REGISTRATION  
Division 2231—Division of Professional Registration  
Chapter 2—Designation of License Renewal Dates and  
Related Information**

**PROPOSED AMENDMENT**

**20 CSR 2231-2.010 Designation of License Renewal Dates and Related Renewal Information.** The division is proposing to amend subsection (2)(O).

*PURPOSE: This amendment changes the renewal date for geologists from May 1 to October 1.*

(2) The license renewal dates designated for each agency assigned to the division are—

(O) Board of Geologist Registration—*[May 1;]*

- 1. Geologist-registrant in-training—May 1; and**
- 2. Registered geologist—October 1;**

*AUTHORITY: section [620.010.14(2), RSMo Supp. 2007] 324.001, RSMo Supp. 2011. This rule originally filed as 4 CSR 231-2.010. Emergency rule filed Feb. 9, 1982, effective Feb. 19, 1982, expired May 12, 1982. Original rule filed Feb. 9, 1982, effective May 13, 1982. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Nov. 23, 2011.*

*PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Division of Professional Registration, Jane Rackers, Division Director, PO Box 1335, Jefferson City, MO 65102, or via email at [profreg@pr.mo.gov](mailto:profreg@pr.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*



**T**his section will contain the final text of the rules proposed by agencies. The order of rulemaking is required to contain a citation to the legal authority upon which the order of rulemaking is based; reference to the date and page or pages where the notice of proposed rulemaking was published in the *Missouri Register*; an explanation of any change between the text of the rule as contained in the notice of proposed rulemaking and the text of the rule as finally adopted, together with the reason for any such change; and the full text of any section or subsection of the rule as adopted which has been changed from that contained in the notice of proposed rulemaking. The effective date of the rule shall be not less than thirty (30) days after the date of publication of the revision to the *Code of State Regulations*.

**T**he agency is also required to make a brief summary of the general nature and extent of comments submitted in support of or opposition to the proposed rule and a concise summary of the testimony presented at the hearing, if any, held in connection with the rulemaking, together with a concise summary of the agency's findings with respect to the merits of any such testimony or comments which are opposed in whole or in part to the proposed rule. The ninety (90)-day period during which an agency shall file its order of rulemaking for publication in the *Missouri Register* begins either: 1) after the hearing on the proposed rulemaking is held; or 2) at the end of the time for submission of comments to the agency. During this period, the agency shall file with the secretary of state the order of rulemaking, either putting the proposed rule into effect, with or without further changes, or withdrawing the proposed rule.

**Title 2—DEPARTMENT OF AGRICULTURE  
Division 30—Animal Health  
Chapter 2—Health Requirements for Movement of  
Livestock, Poultry, and Exotic Animals**

**ORDER OF RULEMAKING**

By the authority vested in the director of agriculture under section 267.645, RSMo 2000, the director amends a rule as follows:

**2 CSR 30-2.020 Movement of Livestock, Poultry, and Exotic  
Animals Within Missouri is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 1, 2011 (36 MoReg 1981–1982). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The director of agriculture received one (1) comment on the proposed amendment.

COMMENT: The Missouri Veterinary Medical Association commented that they are in agreement with the proposed Trichomoniasis regulations as proposed.

RESPONSE: The Missouri Department of Agriculture acknowledges the support from the Missouri Veterinary Medical Association of the proposed change. No changes have been made to the proposed amendment.

**Title 2—DEPARTMENT OF AGRICULTURE  
Division 30—Animal Health  
Chapter 9—Animal Care Facilities**

**ORDER OF RULEMAKING**

By the authority vested in the director of agriculture under section 270.260, RSMo Supp. 2011, the director adopts a rule as follows:

**2 CSR 30-9.100 Eurasian, Russian, and Captured Feral Swine  
Facility Act Definitions is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on August 1, 2011 (36 MoReg 1806). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 2—DEPARTMENT OF AGRICULTURE  
Division 30—Animal Health  
Chapter 9—Animal Care Facilities**

**ORDER OF RULEMAKING**

By the authority vested in the director of agriculture under section 270.260, RSMo Supp. 2011, the director adopts a rule as follows:

**2 CSR 30-9.110 Feral Swine Confinement Permit and Standards  
is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on August 1, 2011 (36 MoReg 1806–1808). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 5—Wildlife Code: Permits**

**ORDER OF RULEMAKING**

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

**3 CSR 10-5.205 Permits Required: Exceptions is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 17, 2011 (36 MoReg 2159–2160). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective **March 1, 2012**.

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 5—Wildlife Code: Permits**

**ORDER OF RULEMAKING**

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

**3 CSR 10-5.220 Resident and Nonresident Permits is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 17, 2011 (36 MoReg 2160). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective **March 1, 2012**.

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 6—Wildlife Code: Sport Fishing: Seasons,  
Methods, Limits**

**ORDER OF RULEMAKING**

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

**3 CSR 10-6.415 Restricted Zones is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 17, 2011 (36 MoReg 2160). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective **March 1, 2012**.

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 7—Wildlife Code: Hunting: Seasons, Methods,  
Limits**

**ORDER OF RULEMAKING**

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

**3 CSR 10-7.410 Hunting Methods is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 17, 2011 (36 MoReg 2160–2161). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective **March 1, 2012**.

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 7—Wildlife Code: Hunting: Seasons, Methods,  
Limits**

**ORDER OF RULEMAKING**

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

**3 CSR 10-7.431 Deer Hunting Seasons: General Provisions  
is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 17, 2011 (36 MoReg 2161). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective **March 1, 2012**.

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 7—Wildlife Code: Hunting: Seasons, Methods,  
Limits**

**ORDER OF RULEMAKING**

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

**3 CSR 10-7.433 Deer: Firearms Hunting Seasons is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 17, 2011 (36 MoReg 2161). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective **March 1, 2012**.

SUMMARY OF COMMENTS: The Missouri Department of Conservation received five (5) comments on the proposed amendment.

COMMENT #1: Anonymous, Bevier, expressed opposition to including additional methods approved for use during the muzzle-loader portion of the fall firearms season.

COMMENT #2: Curtis Maness, email, expressed opposition to including additional methods approved for use during the muzzle-loader portion of the fall firearms season.

COMMENT #3: Norman Krutzman, Maryland Heights, expressed opposition to including additional methods approved for use during the muzzleloader portion of the fall firearms season and suggested that this change will not promote hunting or youth participation.

COMMENT #4: Nick Pelligreen, Pike Co., expressed support for including additional methods approved for use during the muzzle-loader portion of the fall firearms season.

COMMENT #5: Gregory Hunt, Jefferson City, expressed support for including additional methods approved for use during the muzzleloader portion of the fall firearms season.

RESPONSE: The department did not recommend changes based on these comments to the Conservation Commission, and the commission did not make any changes to the content of this amendment.

**Title 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 7—Wildlife Code: Hunting: Seasons, Methods,  
Limits**

**ORDER OF RULEMAKING**

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

**3 CSR 10-7.455** Turkeys: Seasons, Methods, Limits **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 17, 2011 (36 MoReg 2161–2162). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective **March 1, 2012.**

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 9—Wildlife Code: Confined Wildlife: Privileges,  
Permits, Standards**

**ORDER OF RULEMAKING**

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

**3 CSR 10-9.110** General Prohibition; Applications **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 17, 2011 (36 MoReg 2162–2163). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective **March 1, 2012.**

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 10—Wildlife Code: Commercial Permits  
Seasons, Methods, Limits**

**ORDER OF RULEMAKING**

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

**3 CSR 10-10.744** Commercial Deer Processing: Permit, Privileges, Requirements **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 17, 2011 (36 MoReg 2163–2165). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective **March 1, 2012.**

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 11—Wildlife Code: Special Regulations for  
Department Areas**

**ORDER OF RULEMAKING**

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

**3 CSR 10-11.110** General Provisions **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 17, 2011 (36 MoReg 2166). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective **March 1, 2012.**

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 11—Wildlife Code: Special Regulations for  
Department Areas**

**ORDER OF RULEMAKING**

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

**3 CSR 10-11.115** Closings **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 17, 2011 (36 MoReg 2166). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective **March 1, 2012.**

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 11—Wildlife Code: Special Regulations for  
Department Areas**

**ORDER OF RULEMAKING**

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

**3 CSR 10-11.125** Field Trials **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 17, 2011 (36 MoReg 2166). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective **March 1, 2012.**

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 11—Wildlife Code: Special Regulations for  
Department Areas**

**ORDER OF RULEMAKING**

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

**3 CSR 10-11.130** Vehicles, Bicycles, Horses, and Horseback Riding **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 17, 2011 (36 MoReg 2166–2167). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective **March 1, 2012.**

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 11—Wildlife Code: Special Regulations for  
Department Areas**

**ORDER OF RULEMAKING**

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

**3 CSR 10-11.140** Camping **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 17, 2011 (36 MoReg 2167–2168). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective **March 1, 2012.**

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 11—Wildlife Code: Special Regulations for  
Department Areas**

**ORDER OF RULEMAKING**

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

**3 CSR 10-11.160** Use of Boats and Motors **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 17, 2011 (36 MoReg 2168). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective **March 1, 2012.**

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 11—Wildlife Code: Special Regulations for  
Department Areas**

**ORDER OF RULEMAKING**

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

**3 CSR 10-11.165** Bullfrogs and Green Frogs **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 17, 2011 (36 MoReg 2168–2169). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective **March 1, 2012.**

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 11—Wildlife Code: Special Regulations for  
Department Areas**

**ORDER OF RULEMAKING**

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

**3 CSR 10-11.180** Hunting, General Provisions and Seasons **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 17, 2011 (36 MoReg 2169–2170). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective **March 1, 2012.**

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 11—Wildlife Code: Special Regulations for  
Department Areas**

**ORDER OF RULEMAKING**

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission adopts a rule as follows:

**3 CSR 10-11.185** Dove Hunting **is adopted.**

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on October 17, 2011 (36 MoReg 2170–2171). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective **March 1, 2012.**

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 11—Wildlife Code: Special Regulations for  
Department Areas**

**ORDER OF RULEMAKING**

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

**3 CSR 10-11.186 Waterfowl Hunting is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 17, 2011 (36 MoReg 2171). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective **March 1, 2012**.

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 11—Wildlife Code: Special Regulations for  
Department Areas**

**ORDER OF RULEMAKING**

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

**3 CSR 10-11.200 Fishing, General Provisions and Seasons  
is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 17, 2011 (36 MoReg 2171–2172). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective **March 1, 2012**.

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 11—Wildlife Code: Special Regulations for  
Department Areas**

**ORDER OF RULEMAKING**

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

**3 CSR 10-11.205 Fishing, Methods and Hours is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 17, 2011 (36 MoReg 2172). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective **March 1, 2012**.

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 11—Wildlife Code: Special Regulations for  
Department Areas**

**ORDER OF RULEMAKING**

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

**3 CSR 10-11.215 Fishing, Length Limits is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 17, 2011 (36 MoReg 2172–2173). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective **March 1, 2012**.

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 12—Wildlife Code: Special Regulations for  
Areas Owned by Other Entities**

**ORDER OF RULEMAKING**

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

**3 CSR 10-12.109 Closed Hours is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 17, 2011 (36 MoReg 2173). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective **March 1, 2012**.

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 12—Wildlife Code: Special Regulations for  
Areas Owned by Other Entities**

**ORDER OF RULEMAKING**

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

**3 CSR 10-12.110 Use of Boats and Motors is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 17, 2011 (36 MoReg 2173–2174). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective **March 1, 2012**.

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 12—Wildlife Code: Special Regulations for  
Areas Owned by Other Entities**

**ORDER OF RULEMAKING**

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

**3 CSR 10-12.115 Bullfrogs and Green Frogs is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 17, 2011 (36 MoReg 2174). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective **March 1, 2012**.

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 12—Wildlife Code: Special Regulations for  
Areas Owned by Other Entities**

**ORDER OF RULEMAKING**

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

**3 CSR 10-12.125 Hunting and Trapping is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 17, 2011 (36 MoReg 2174–2175). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective **March 1, 2012**.

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 12—Wildlife Code: Special Regulations for  
Areas Owned by Other Entities**

**ORDER OF RULEMAKING**

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

**3 CSR 10-12.130 Fishing, General Provisions and Seasons  
is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 17, 2011 (36 MoReg 2175). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective **March 1, 2012**.

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 12—Wildlife Code: Special Regulations for  
Areas Owned by Other Entities**

**ORDER OF RULEMAKING**

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

**3 CSR 10-12.135 Fishing, Methods is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 17, 2011 (36 MoReg 2175–2176). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective **March 1, 2012**.

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 12—Wildlife Code: Special Regulations for  
Areas Owned by Other Entities**

**ORDER OF RULEMAKING**

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

**3 CSR 10-12.140 Fishing, Daily and Possession Limits  
is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 17, 2011 (36 MoReg 2176). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective **March 1, 2012**.

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 12—Wildlife Code: Special Regulations for  
Areas Owned by Other Entities**

**ORDER OF RULEMAKING**

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

**3 CSR 10-12.145 Fishing, Length Limits is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 17, 2011 (36 MoReg 2176–2177). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective **March 1, 2012**.

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION  
Division 10—Conservation Commission  
Chapter 12—Wildlife Code: Special Regulations for  
Areas Owned by Other Entities**

**ORDER OF RULEMAKING**

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

**3 CSR 10-12.150 Fishing, Trout Parks is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 17, 2011 (36 MoReg 2177-2178). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective **March 1, 2012**.

SUMMARY OF COMMENTS: No comments were received.

**Title 10—DEPARTMENT OF NATURAL RESOURCES  
Division 10—Air Conservation Commission  
Chapter 6—Air Quality Standards, Definitions, Sampling  
and Reference Methods and Air Pollution Control  
Regulations for the Entire State of Missouri**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Air Conservation Commission under section 643.050, RSMo Supp. 2011, the commission amends a rule as follows:

**10 CSR 10-6.070 New Source Performance Regulations  
is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on August 1, 2011 (36 MoReg 1811). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Department of Natural Resources' Air Pollution Control Program received no comments on the proposed amendment.

**Title 10—DEPARTMENT OF NATURAL RESOURCES  
Division 10—Air Conservation Commission  
Chapter 6—Air Quality Standards, Definitions, Sampling  
and Reference Methods and Air Pollution Control  
Regulations for the Entire State of Missouri**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Air Conservation Commission under section 643.050, RSMo Supp. 2011, the commission amends a rule as follows:

**10 CSR 10-6.075 Maximum Achievable Control Technology  
Regulations is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on August 1, 2011 (36 MoReg 1812-1814). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This pro-

posed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Department of Natural Resources' Air Pollution Control Program received one (1) comment from the U.S. Environmental Protection Agency Region 7.

COMMENT #1: The U.S. Environmental Protection Agency (EPA) Region 7 requested that the department consider waiting to adopt 40 CFR 63, subpart DDDDDDD National Emission Standards for Hazardous Air Pollutants for Area Sources: Prepared Feeds Manufacturing. EPA is currently considering changes to the 40 CFR 63 subpart DDDDDDD and recommended incorporating it in future rulemakings when EPA has completed its consideration of changes. RESPONSE: A stay of enforcement for 40 CFR 63, subpart DDDDDDD has not been published by EPA in the *Federal Register* in anticipation of revisions to the subpart in 2012. Without this stay of enforcement, all provisions of 40 CFR 63, subpart DDDDDDD are in effect. In discussions with EPA Region 7 subsequent to their comment, it was determined to be acceptable to move forward with adoption of the amendment as proposed and make any changes necessary in the next update to the rule. As is the case with any changes to federal Maximum Achievable Control Technology (MACT) standards, if EPA issues a stay of subpart DDDDDDD before the change can be incorporated into this rule, the department does not intend to enforce this subpart. No changes have been made to the rule as a result of this comment.

**Title 10—DEPARTMENT OF NATURAL RESOURCES  
Division 10—Air Conservation Commission  
Chapter 6—Air Quality Standards, Definitions, Sampling  
and Reference Methods and Air Pollution Control  
Regulations for the Entire State of Missouri**

**ORDER OF RULEMAKING**

By the authority vested in the Missouri Air Conservation Commission under section 643.050, RSMo Supp. 2011, the commission amends a rule as follows:

**10 CSR 10-6.080 Emission Standards for Hazardous Air  
Pollutants is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on August 1, 2011 (36 MoReg 1814-1815). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Department of Natural Resources' Air Pollution Control Program received no comments on the proposed amendment.

**Title 13—DEPARTMENT OF SOCIAL SERVICES  
Division 70—MO HealthNet Division  
Chapter 15—Hospital Program**

**ORDER OF RULEMAKING**

By the authority vested in the MO HealthNet Division under sections 208.152, 208.153, and 208.201, RSMo Supp. 2011, the division amends a rule as follows:

**13 CSR 70-15.160 is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on August 1, 2011 (36 MoReg 1843-1845). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

**SUMMARY OF COMMENTS:** The MO HealthNet Division (MHD) received comments from the following six (6) interested parties: Missouri Hospital Association, St. Francis Hospital, St. John's Hospital—Aurora, St. John's Hospital—Cassville, Lake Regional Health System, and Citizens Memorial Hospital.

**COMMENT #1:** Multiple commentors stated that the impact of reimbursing the technical component of hospitals' outpatient radiology procedures on a Medicaid fee schedule beginning with dates of service October 1, 2011, as set forth in the proposed regulation disproportionately affects federally-designated critical access hospitals (CAHs). Commentors stated that fifty percent (50%) of the federally-designated CAHs already experienced a six percent (6%) or greater reduction in their outpatient payment rate effective July 1, 2011, while only thirty-six percent (36%) of the rest of the state's hospitals experienced a six percent (6%) or greater reduction in their outpatient payment rate effective July 1, 2011. Commentors believe this additional reduction would significantly harm their ability to provide radiology services to all patients in the future and asked for a transition payment to offset the adverse impact.

**RESPONSE AND EXPLANATION OF CHANGE:** The MO HealthNet Division determined the adverse impact of reimbursing radiology services on a Medicaid fee schedule disproportionately affects federally-designated critical access hospitals (CAHs) and could result in radiology services no longer being available to MO HealthNet participants and uninsured individuals in the rural areas served by the federally-designated CAHs. Federally-designated CAHs are defined in section 1820(c)(2)(B) of the Social Security Act which includes criteria such as: rural hospitals with no more than twenty-five (25) acute care inpatient beds that have federal limits on their lengths of stay, are located more than thirty-five (35) miles away from another hospital, and make available twenty-four (24) hour emergency care services. In order to ensure access to radiology services provided by federally-designated CAHs, the MO HealthNet Division determined an increase to the prospective outpatient percentage rate for non-radiology services is necessary to lessen the adverse impact of the decreased reimbursement resulting from the radiology fee schedule. The MO HealthNet Division has added paragraph (1)(C)3. to address this issue, and renumbered the remaining paragraphs accordingly.

**COMMENT #2:** A comment was received indicating the proposed regulation does not specify the full list of outpatient radiology codes that the state will convert to the outpatient fee schedule, the citation of the Medicare fee schedule that will be used as the basis for the Medicaid fee schedule, or the percentage of the fee schedule that will be paid. The commentor also indicated the Medicaid fee schedule rates should be no less than one hundred and twenty percent (120%) of the Medicare physician fee schedule due to the differences between practice settings. The commentor stated that Missouri hospitals continue to provide much of the state's uncompensated care and that hospital services across the state are available twenty-four (24) hours a day, three hundred and sixty-five (365) days a year.

**RESPONSE AND EXPLANATION OF CHANGE:** The MO HealthNet Division has amended paragraph (1)(C)2. to provide the additional detail on where the full list of outpatient radiology codes that the state will convert to the Medicaid fee schedule can be accessed, the Medicare fee schedule that will be used, and the percentage of the Medicare fee schedule that will be paid.

**COMMENT #3:** Multiple commentors requested the MO HealthNet Division recalculate prospective outpatient payment rates beginning

October 1, 2011, to remove the outpatient radiology services reimbursed on a fee schedule in determining the cost-to-charge ratios. They stated this would be consistent with how other services paid on a fee schedule are treated. The commentors believe outpatient radiology services tend to have a lower cost-to-charge ratio than other outpatient services and leaving the costs and charges in the calculation of the prospective outpatient payment rates will result in a "double discount" for radiology services. While the commentors believe the calculations can be performed to be effective October 1, 2011, they request the MO HealthNet Division recalculate the prospective outpatient payment rates to remove radiology services no later than July 1, 2012.

**RESPONSE:** The MO HealthNet Division will evaluate the fiscal impact related to this request. A survey will be issued to hospitals to gather the data necessary to make this determination and will reevaluate this issue at that time.

**COMMENT #4:** Multiple commentors requested limited relief by adding at least one percent (1%) or two percent (2%) to their existing Medicaid outpatient rate. They requested relief for hospitals classified by the Medicare program with one (1) of the following designations: Critical Access Hospitals, Sole Community Hospitals, Medicare-Dependent Hospitals, and Rural Referral Centers.

**RESPONSE AND EXPLANATION OF CHANGE:** The MO HealthNet Division added paragraph (1)(C)3. to provide relief to federally-designated CAHs because they were determined to be disproportionately impacted by the change in reimbursement of radiology services to a fee schedule. The remaining paragraphs were renumbered.

### **13 CSR 70-15.160 Prospective Outpatient Hospital Services Reimbursement Methodology**

(1) Prospective Outpatient Hospital Services Reimbursement Percentage for Hospitals Located Within Missouri.

(C) Outpatient Hospital Services Reimbursement Limited by Rule.

1. Effective for dates of service September 1, 1985, and annually updated, certain clinical diagnostic laboratory procedures will be reimbursed from a Medicaid fee schedule which shall not exceed a national fee limitation.

2. Effective for service dates beginning October 1, 2011, and annually updated, the technical component of outpatient radiology procedures will be reimbursed from a Medicaid fee schedule. Medicaid fee schedule amounts will be based on one hundred twenty-five percent (125%) of the Medicare Physician fee schedule rate using Missouri Locality 01. The list of affected procedure codes and the Medicaid fee schedule rate for the technical component of outpatient radiology procedures will be published on the MO HealthNet website at [www.dss.mo.gov/mhd](http://www.dss.mo.gov/mhd) beginning October 1, 2011.

3. Effective for service dates October 1, 2011 through June 30, 2012, hospitals which meet the federal definition of Critical Access Hospital (CAH) found in section 1820(c)(2)(B) of the Social Security Act will receive a five percent (5%) increase to their prospective outpatient payment percentage rate determined in accordance with subsection (1)(A).

4. Services of hospital-based physicians and certified registered nurse anesthetists shall be billed on a CMS-1500 professional claim form and reimbursed from a Medicaid fee schedule or the billed charge, if less. The CMS-1500 professional claim form is incorporated by reference and made a part of this rule as published by the Department of Social Services, MO HealthNet Division, 615 Howerton Court, Jefferson City, MO 65109, at its website at [www.dss.mo.gov/mhd](http://www.dss.mo.gov/mhd), November 1, 2010. This rule does not incorporate any subsequent amendments or additions.

5. Outpatient hospital services provided for those recipients having available Medicare benefits shall be reimbursed by Medicaid to the extent of the deductible and coinsurance as imposed under Title



XVIII.

6. Effective for payment dates beginning October 1, 2010, reimbursement of Medicare/Medicaid crossover claims (crossover claims) for Medicare Part B and Medicare Advantage/Part C outpatient hospital services with dates of service on or after January 1, 2010, except for public hospitals operated by the Department of Mental Health (DMH), shall be determined as follows:

A. Crossover claims for Medicare Part B outpatient hospital services in which Medicare was the primary payer and the MO HealthNet Division (MHD) is the payer of last resort for cost-sharing (i.e., coinsurance, copay, and/or deductibles) must meet the following criteria to be eligible for MHD reimbursement:

(I) The crossover claim must be related to Medicare Part B outpatient hospital services that were provided to MO HealthNet participants also having Medicare Part B coverage; and

(II) The crossover claim must contain approved outpatient hospital services which MHD is billed for cost-sharing; and

(III) The Other Payer paid amount field on the claim must contain the actual amount paid by Medicare. The MO HealthNet provider is responsible for accurate and valid reporting of crossover claims submitted to MHD for payment regardless of how the claim is submitted. Providers submitting crossover claims for Medicare Part B outpatient hospital services to MHD must be able to provide documentation that supports the information on the claim upon request. The documentation must match the information on the Medicare Part B plan's remittance advice. Any amounts paid by MHD that are determined to be based on inaccurate data will be subject to recoupment;

B. Crossover claims for Medicare Advantage/Part C (Medicare Advantage) outpatient hospital services in which a Medicare Advantage plan was the primary payer and MHD is the payer of last resort for cost-sharing (i.e., coinsurance, copay, and/or deductibles) must meet the following criteria to be eligible for MHD reimbursement:

(I) The crossover claim must be related to Medicare Advantage outpatient hospital services that were provided to MO HealthNet participants who also are either a Qualified Medicare Beneficiary (QMB Only) or Qualified Medicare Beneficiary Plus (QMB Plus); and

(II) The crossover claim must be submitted as a Medicare UB-04 Part C Professional Crossover claim through the MHD online Internet billing system; and

(III) The crossover claim must contain approved outpatient hospital services which MHD is billed for cost-sharing; and

(IV) The Other Payer paid amount field on the claim must contain the actual amount paid by the Medicare Advantage plan. The MO HealthNet provider is responsible for accurate and valid reporting of crossover claims submitted to MHD for payment. Providers submitting crossover claims for Medicare Advantage outpatient hospital services to MHD must be able to provide documentation that supports the information on the claim upon request. The documentation must match the information on the Medicare Advantage plan's remittance advice. Any amounts paid by MHD that are determined to be based on inaccurate data will be subject to recoupment;

C. MHD reimbursement for approved outpatient hospital services. MHD will reimburse seventy-five percent (75%) of the allowable cost-sharing amount; and

D. MHD will continue to reimburse one hundred percent (100%) of the allowable cost-sharing amounts for outpatient services provided by public hospitals operated by DMH as set forth above in paragraph (1)(C)4.

*REVISED PRIVATE COST: The estimated cost to hospitals is 42.7 million dollars versus the estimated cost of 41 million dollars, which was submitted with the original proposal.*

*REVISED PUBLIC COST: The final order will not cost public entities or political subdivisions more than five hundred dollars (\$500) in the aggregate for SFY 2012. However, the estimated cost savings to the department is 42.7 million dollars versus the estimated cost savings of 41 million dollars, which was submitted with the original proposal.*

## REVISED FISCAL NOTE PUBLIC COST

- I. Department Title:** Title 13 - Department of Social Services  
**Division Title:** Division 70 - MO HealthNet Division  
**Chapter Title:** Chapter 15 – Hospital Program

<b>Rule Number and Name:</b>	13 CSR 70-15.160 Prospective Outpatient Hospital Services Reimbursement Methodology
<b>Type of Rulemaking:</b>	Final Order

## II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Social Services, MO HealthNet Division	Estimated cost savings for SFY 12 = \$42.7 million; state share \$15.6 million.

## III. WORKSHEET

### Cost Savings for SFY 12:

#### Cost Savings of Reimbursing Outpatient (OP) Radiology Svcs. on a Medicaid Fee Schedule:

One quarter of Est. Cost Savings	\$15,026,837
Times number of quarters in a year	<u>4</u>
Annual Estimated Cost Savings	\$60,107,348
Divided by 12 to Determine Monthly Amount	<u>12</u>
Monthly Estimated Cost Savings	\$ 5,008,946
Multiplied by 9 Months of savings in SFY 12	<u>9</u>
SFY 12 Est. Cost Savings	\$ 45,080,511

#### Less Cost of Increasing OP Rate for Federally-Designated Critical Access Hospitals (CAH):

Total OP Charges from Claims Paid During SFY 11	\$87,372,127
Less Radiology Charges from 4 <sup>th</sup> Qtr of SFY 11 (Annualized)	\$27,378,780
SFY 11 OP Charges for Non-Radiology Procedures	\$59,993,346
Trended to SFY 12	<u>106%</u>
Estimated SFY 12 Charges for Non-Radiology Procedures	\$63,592,947
Estimated SFY 12 Charges for Non-Radiology Procedures	\$63,592,947
x Actual SFY 12 OP Rates for Federally-Designated CAH	<u>Various</u>
Est. Annual SFY 12 Payment for Non-Radiology Procedures	\$26,518,890
Estimated SFY 12 Charges for Non-Radiology Procedures	\$63,592,947
x Actual SFY 12 OP Rates plus 5% for Federally-Designated CAH	<u>Various</u>
Est. Annual SFY 12 Payment for Non-Radiology Proc. Including 5% Inc.	\$29,698,537

Est. Annual SFY 12 Pymt for Non-Radiology Proc. Including 5% Incr.	\$29,698,537
Less Est. Annual SFY 12 Payment for Non-Radiology Procedures	<u>\$26,518,890</u>
Annual Estimated Cost for SFY 12	\$ 3,179,647
 Annual Estimated Cost for SFY 12	 \$3,179,647
Divided by 12 to Determine Monthly Amount	<u>12</u>
Monthly Estimated Cost	\$ 264,971
Multiplied by 9 Months of cost in SFY 12	<u>9</u>
SFY 12 Est. Cost of Increasing OP rate 5% for federally-designated CAHs	\$2,384,736
 Net Cost Savings for SFY 12	 <u><u>\$42,695,775</u></u>
 x SFY 2012 state share percentage	 <u>36.55%</u>
Estimated State Share Cost Savings	\$15,605,306

#### IV. ASSUMPTIONS

The one quarter of estimated cost savings of reimbursing outpatient radiology services on a Medicaid fee schedule was based on an analysis of the outpatient hospital radiology expenditures paid during the fourth quarter of SFY 2011 with dates of service on or after October 1, 2010 compared to 125% of the technical component rate on the Medicare physician fee schedule using Missouri Locality 01.

The annual estimated cost of increasing the outpatient rate five percent (5%) for thirty-six (36) federally-designated CAHs was based on an analysis of outpatient claims paid during SFY 2011 that were submitted by federally-designated CAHs as reflected in the calculations above. Outpatient rates vary for each federally-designated CAH so only the estimated totals are shown in this fiscal note.

## REVISED FISCAL NOTE PRIVATE COST

- I. Department Title:** Department of Social Services  
**Division Title:** Division 70 - MO HealthNet Division  
**Chapter Title:** Chapter 15 – Hospital Program

<b>Rule Number and Title:</b>	13 CSR 70-15.160 Prospective Outpatient Hospital Services Reimbursement Methodology
<b>Type of Rulemaking:</b>	Final Order

## II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
360	Hospitals enrolled in MO HealthNet	Estimated cost for SFY 12 = \$42.7 million.

## III. WORKSHEET

### Cost for SFY 12:

Annual Estimated Cost	\$60,107,348
Divided by 12 to Determine Monthly Amount	<u>12</u>
Monthly Estimated Cost	\$ 5,008,946
Multiplied by 9 Months of cost in SFY 12	<u>9</u>
SFY 12 Est. Cost of Reimbursing OP Radiology Svcs. on a Medicaid Fee Sch.	\$ 45,080,511
Less: Increase in OP Rate for Federally-Designated CAHs (See Public Cost Fiscal Note for additional detail)	( <u>\$ 2,384,736</u> )
Net Cost to Private Entities for SFY 12	<u><u>\$42,695,775</u></u>

## IV. ASSUMPTIONS

The number of entities impacted represents hospitals enrolled in MO HealthNet that submitted claims for outpatient radiology services during SFY 2010 which includes out-of-state hospitals.

The annual estimated cost to hospitals was based on an analysis of the outpatient hospital radiology expenditures paid during the fourth quarter of SFY 2011 with dates of service on or after October 1, 2010 compared to one hundred twenty-five percent (125%) of the technical component rate on the Medicare physician fee schedule using Missouri Locality 01. Three-fourths of the annual cost is used since the effective date is October 1, 2011 which is nine months of the fiscal year.

The final order also allows for a five percent (5%) increase in the prospective outpatient payment percentage rate for federally-designated Critical Access Hospitals (CAHs) effective for dates of service beginning October 1, 2011 through June 30, 2012. This increased reimbursement will reduce the impact of moving radiology services to be reimbursed on a Medicaid fee schedule and is computed in the Public Cost Fiscal Note.

After SFY 2012 the cost of reimbursing outpatient radiology services on a Medicaid fee schedule will become part of the core budget and continue annually until amended.

**T**his section may contain notice of hearings, correction notices, public information notices, rule action notices, statements of actual costs, and other items required to be published in the *Missouri Register* by law.

**Title 7—DEPARTMENT OF TRANSPORTATION  
Division 10—Missouri Highways and  
Transportation Commission  
Chapter 25—Motor Carrier Operations**

**IN ADDITION**

**7 CSR 10-25.010 Skill Performance Evaluation Certificates for Commercial Drivers**

**PUBLIC NOTICE**

Public Notice and Request for Comments on Applications for Issuance of Skill Performance Evaluation Certificates to Intrastate Commercial Drivers with Diabetes Mellitus or Impaired Vision

**SUMMARY:** This notice publishes MoDOT's receipt of applications for the issuance of Skill Performance Evaluation (SPE) Certificates, from individuals who do not meet the physical qualification requirements in the Federal Motor Carrier Safety Regulations for drivers of commercial motor vehicles in Missouri intrastate commerce, because of impaired vision, or an established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control. If granted, the SPE Certificates will authorize these individuals to qualify as drivers of commercial motor vehicles (CMVs), in intrastate commerce only, without meeting the vision standard prescribed in 49 CFR 391.41(b)(10), if applicable, or the diabetes standard prescribed in 49 CFR 391.41(b)(3).

**DATES:** Comments must be received at the address stated below, on or before January 17, 2012.

**ADDRESSES:** You may submit comments concerning an applicant, identified by the Application Number stated below, by any of the following methods:

- **Email:** Kathy.Hatfield@modot.mo.gov
- **Mail:** PO Box 893, Jefferson City, MO 65102-0893
- **Hand Delivery:** 1320 Creek Trail Drive, Jefferson City, MO 65109
- **Instructions:** All comments submitted must include the agency name and Application Number for this public notice. For detailed instructions on submitting comments, see the Public Participation heading of the Supplementary Information section of this notice. All comments received will be open and available for public inspection and MoDOT may publish those comments by any available means.

**COMMENTS RECEIVED  
BECOME MoDOT PUBLIC RECORD**

- By submitting any comments to MoDOT, the person authorizes MoDOT to publish those comments by any available means.
- **Docket:** For access to the department's file, to read background documents or comments received, 1320 Creek Trail Drive, Jefferson City, MO 65109, between 7:30 a.m. and 4:00 p.m., CT, Monday through Friday, except state holidays.

**FOR FURTHER INFORMATION CONTACT:** Ms. Kathy Hatfield, Motor Carrier Specialist, (573) 522-9001, MoDOT Motor Carrier Services Division, PO Box 893, Jefferson City, MO 65102-0893. Office hours are from 7:30 a.m. to 4:00 p.m., CT, Monday through Friday, except state holidays.

**SUPPLEMENTARY INFORMATION:**

**Public Participation**

If you want us to notify you that we received your comments, please include a self-addressed, stamped envelope or postcard.

**Background**

The individuals listed in this notice have recently filed applications requesting MoDOT to issue SPE Certificates to exempt them from the physical qualification requirements relating to vision in 49 CFR 391.41(b)(10), or to diabetes in 49 CFR 391.41(b)(3), which otherwise apply to drivers of CMVs in Missouri intrastate commerce.

Under section 622.555, RSMo Supp. 2011, MoDOT may issue a Skill Performance Evaluation Certificate, for not more than a two (2)-year period, if it finds that the applicant has the ability, while operating CMVs, to maintain a level of safety that is equivalent to or greater than the driver qualification standards of 49 CFR 391.41. Upon application, MoDOT may renew an exemption upon expiration.

Accordingly, the agency will evaluate the qualifications of each applicant to determine whether issuing a SPE Certificate will comply with the statutory requirements and will achieve the required level of safety. If granted, the SPE Certificate is only applicable to intrastate transportation wholly within Missouri.

**Qualifications of Applicants**

**Application #MP110607027**

**Applicant's Name & Age:** Lonnell Keith McKee, 38

**Relevant Physical Condition:** Mr. Keith's best corrected visual acuity is 20/20 Snellen in both eyes. He was diagnosed with insulin treated diabetes mellitus in 2000.

**Relevant Driving Experience:** Employed for a company located in Kansas City, KS, he currently drives a frozen food delivery truck in Missouri intrastate and has approximately six (6) months commercial driving experience. Drives personal vehicle(s) daily.

**Doctor's Opinion & Date:** Following an examination in August 2011, his endocrinologist certified, "In my medical opinion, Mr. McKee's diabetes deficiency is stable and he is capable of performing the driving tasks required to operate a commercial motor vehicle, and that his condition will not adversely affect his ability to operate a commercial motor vehicle safely."

**Traffic Accidents and Violations:** No accidents or violations within the past three (3) years.

**Request for Comments**

The Missouri Department of Transportation, Motor Carrier Services Division, pursuant to section 622.555, RSMo, and rule 7 CSR 10-25.010, requests public comment from all interested persons on the applications for issuance of Skill Performance Evaluation Certificates described in this notice. We will consider all comments received before the close of business on the closing date indicated earlier in this notice.

Issued on: November 15, 2011

*Jan Skouby, Motor Carrier Services Director, Missouri Department of Transportation.*

**Title 19—DEPARTMENT OF HEALTH AND  
SENIOR SERVICES  
Division 60—Missouri Health Facilities Review  
Committee  
Chapter 50—Certificate of Need Program**

**NOTIFICATION OF REVIEW:  
APPLICATION REVIEW SCHEDULE**

The Missouri Health Facilities Review Committee has initiated review of the applications listed below. A decision is tentatively scheduled for January 23, 2012. These applications are available for public inspection at the address shown below.

**Date Filed**

**Project Number:** Project Name  
City (County)  
Cost, Description

**12/5/11**

**#4745 NT:** The Village at Carroll Park  
Grandview (Jackson County)  
\$902,000, Replace 38-bed and 40-bed intermediate care facilities (ICF) with 78-bed ICF

**12/8/11**

**#4736 HT:** Jefferson Regional Medical Center  
Crystal City (Jefferson County)  
\$1,719,740, Replace MRI unit

Any person wishing to request a public hearing for the purpose of commenting on these applications must submit a written request to this effect, which must be received by January 5, 2012. All written requests and comments should be sent to—

Chairman  
Missouri Health Facilities Review Committee  
c/o Certificate of Need Program  
3418 Knipp Drive, Suite F  
Post Office Box 570  
Jefferson City, MO 65102

For additional information contact  
Karla Houchins, (573) 751-6403.

**Title 20—DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL  
REGISTRATION**

**IN ADDITION**

Pursuant to section 226.096, RSMo, regarding the Construction Claims Binding Arbitration Cap for the Missouri Department of Transportation, the Director of Insurance, Financial Institutions and Professional Registration is required to calculate the new limit.

Using Implicit Price Deflator (IPD) for Personal Consumption Expenditures (PCE), as required by section 226.096, RSMo, the Construction Claims Binding Arbitration Cap for the Missouri Department of Transportation effective January 1, 2012, was established by the following calculation:

Index Based on 2005 Dollars	
Third Quarter 2010 IPD Index	111.133
Third Quarter 2011 IPD Index	114.328

New 2012 Limit = 2011 Limit × (2011 Index/2010 Index)

400,782 = 389,582 × (114.328/111.133)

**Title 20—DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL  
REGISTRATION**

**IN ADDITION**

Pursuant to section 537.610, RSMo, regarding the Sovereign Immunity Limits for Missouri Public Entities, the Director of Insurance, Financial Institutions and Professional Registration is required to calculate the new limit on awards for liability.

Using Implicit Price Deflator (IPD) for Personal Consumption Expenditures (PCE), as required by section 537.610, RSMo, the two (2) new Sovereign Immunity Limits effective January 1, 2012, were established by the following calculations:

Index Based on 2005 Dollars	
Third Quarter 2010 IPD Index	111.133
Third Quarter 2011 IPD Index	114.328

New 2012 Limit = 2011 Limit × (2011 Index/2010 Index)

For all claims arising out of a single accident or occurrence:  
2,618,230 = 2,545,062 × (114.328/111.133)

For any one (1) person in a single accident or occurrence:  
392,734 = 381,759 × (114.328/111.133)

**Title 20—DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL  
REGISTRATION**

**IN ADDITION**

Pursuant to section 105.711, RSMo, regarding the State Legal Expense Fund, the Director of Insurance, Financial Institutions and Professional Registration is required to calculate the new limit.

Using Implicit Price Deflator (IPD) for Personal Consumption Expenditures (PCE), as required by section 105.711, RSMo, the State Legal Expense Fund Limit effective January 1, 2012, was established by the following calculation:

Index Based on 2005 Dollars	
Third Quarter 2010 IPD Index	111.133
Third Quarter 2011 IPD Index	114.328

New 2012 Limit = 2011 Limit × (2011 Index/2010 Index)

409,978 = 398,521 × (114.328/111.133)

**STATUTORY LIST OF CONTRACTORS  
BARRED FROM PUBLIC WORKS PROJECTS**

The following is a list of contractor(s) who have been prosecuted and convicted of violating the Missouri Prevailing Wage Law, and whose Notice of Conviction has been filed with the Secretary of State pursuant to Section 290.330, RSMo. In addition, this list includes contractor(s) that have agreed to placement on the list maintained by the Secretary of State pursuant to Section 290.330 as a part of the resolution of criminal charges of violating the Missouri Prevailing Wage Law. Under this statute, no public body shall award a contract for public works to any contractor or subcontractor, or simulation thereof, during the time that such contractor or subcontractor's name appears on this state debarment list maintained by the Secretary of State.

**Contractors Convicted of Violations of the Missouri Prevailing Wage Law**

<u>Name of Contractor</u>	<u>Name of Officers</u>	<u>Address</u>	<u>Date of Conviction</u>	<u>Debarment Period</u>
Rycoblake Corp. Case No. 0916-CR03145 (Jackson County Cir. Ct.)		4212 SE Saddlebrook Cir Lee's Summit, MO 64082	7/13/11	7/13/11 to 7/13/12

**Contractors Agreeing to Placement on the Public Works Debarment List as Part of an Agreement Relating to Criminal Pleas**

<u>Name of Contractor</u>	<u>Name of Officers</u>	<u>Address</u>	<u>Date of Conviction</u>	<u>Debarment Period</u>
Rycoblake Corp.		4212 SE Saddlebrook Cir Lee's Summit, MO 64082		7/13/11 to 12/1/12
Gerald Chevalier		4212 SE Saddlebrook Cir Lee's Summit, MO 64082		7/13/11 to 12/1/12

Dated this 2 day of August 2011.

  
Carla Busch, Director

**ADDITION TO STATUTORY LIST OF CONTRACTORS  
BARRED FROM PUBLIC WORKS PROJECTS**

The following is an addition to the list of contractor(s) who have been prosecuted and convicted of violating the Missouri Prevailing Wage Law, and whose Notice of Conviction has been filed with the Secretary of State pursuant to Section 290.330, RSMo. Under this statute, no public body is permitted to award a contract, directly or indirectly, for public works (1) to Mr. Saxon W. Johnson, (2) to any other contractor or subcontractor that is owned, operated or controlled by Mr. Saxon W. Johnson including The Tile Doctor or (3) to any other simulation of Mr. Saxon W. Johnson or of The Tile Doctor for a period of one year, or until September 2, 2012.

<u>Name of Contractor</u>	<u>Name of Officers</u>	<u>Address</u>	<u>Date of Conviction</u>	<u>Debarment Period</u>
Saxon W. Johnson DBA The Tile Doctor Case No. 10CA-CR01318 Cass County Cir. Ct.		10724 Haskins Ct Shawnee Mission, KS 66210	9/2/2011	9/2/2011-9/2/2012

Dated this 13 day of September 2011.

  
Carla Buschjost, Director



**T**he Secretary of State is required by sections 347.141 and 359.481, RSMo 2000, to publish dissolutions of limited liability companies and limited partnerships. The content requirements for the one-time publishing of these notices are prescribed by statute. This listing is published pursuant to these statutes. We request that documents submitted for publication in this section be submitted in camera ready 8 1/2" x 11" manuscript by email to [dissolutions@sos.mo.gov](mailto:dissolutions@sos.mo.gov).

**NOTICE OF WINDING UP OF LIMITED LIABILITY COMPANY**  
**TO ALL CREDITORS OF AND CLAIMANTS AGAINST**  
**MURPHY WASINGER, L.C.**

On November 10, 2011, Murphy Wasinger, L.C., a Missouri limited liability company ("Company"), filed its Notice of Winding Up with the Missouri Secretary of State, effective on the filing date.

All persons and organizations must submit to The Wasinger Law Group, P.C., c/o David G. Wasinger, 1401 S. Brentwood Blvd., Ste. 875, St. Louis, Missouri 63144, a written summary of any claims against Company, including: 1) claimant's name, address, and telephone number; 2) amount of claim; 3) date(s) claim accrued (or will accrue); 4) brief description of the nature of the debt or the basis for the claim; and 5) if the claim is secured, and if so, the collateral used as security.

Because of the dissolution, any claims against Company will be barred unless a proceeding to enforce the claims is commenced within three (3) years after the last of filing or publication of this Notice.

**NOTICE OF DISSOLUTION OF  
LIMITED LIABILITY COMPANY**

**TO ALL CREDITORS OF AND CLAIMANTS AGAINST  
LK CUSTOM FIBERGLASS, LLC**

On November 9, 2011, LK Custom Fiberglass, LLC, a Missouri limited liability company (the "Company"), filed its Notice of Winding Up with the Missouri Secretary of State. Persons or entities having a claim against the Company should send such claims to Allen D. Kircher, 2480 Executive Dr. – Suite 101, St. Charles, Missouri 63303. All claims must include the following information: 1) The name and address of the claimant; 2) The amount claimed; 3) The date the claim arose; 4) The basis of the claim; and 5) any documentation to support the claim. A claim against the Company will be barred unless a proceeding to enforce the claim is commenced within three years after the publication of this Notice.

**NOTICE OF DISSOLUTION  
TO ALL CREDITORS OF AND CLAIMANTS AGAINST  
CARE 1 ANESTHESIA, INC.**

On October 19, 2011, Care 1 Anesthesia, Inc., a Missouri corporation, filed its Articles of Dissolution with the Missouri Secretary of State. Dissolution was effective on November 7, 2011.

Care 1 Anesthesia, Inc. requests that all persons and organizations who have claims against it present them immediately by letter to the Corporation, c/o Ottsen, Mauzé, Leggat & Belz, L.C., 112 South Hanley Road, 2<sup>nd</sup> Floor, St. Louis, Missouri 63105, Attn: Robert B. Leggat. All claims must include the name and address of the claimant, the amount claimed, the basis for the claim, and the date(s) on which the event(s) on which the claim is based occurred.

**NOTICE: BECAUSE OF THE DISSOLUTION OF CARE 1 ANESTHESIA, INC., ANY CLAIMS AGAINST IT WILL BE BARRED UNLESS A PROCEEDING TO ENFORCE THE CLAIM IS COMMENCED WITHIN TWO (2) YEARS AFTER THE PUBLICATION OF THE NOTICES AUTHORIZED BY STATUTE, WHICHEVER IS PUBLISHED LAST.**

**NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION TO ALL  
CREDITORS AND CLAIMANTS AGAINST WOODLAND LAKE ESTATES,  
LLC**

On October 11, 2011, Woodland Lake Estates, LLC filed a Notice of Winding Up with the Missouri Secretary of State.

You are hereby notified if you believe you have a claim against Woodland Lake Estates, LLC, you must submit a summary in writing of the circumstances surrounding your claim to Mueller Associates, LLC, c/o R. Brian Mueller, Manager, 9714 S. Buckner Tarsney Road, Grain Valley, MO 64029. The summary must include the following information: 1) The name, address and telephone number of the claimant; 2) The amount of the claim; 3) Basis of the claim; and 4) Documentation supporting the claim.

All claims against Woodland Lake Estates, LLC will be barred unless a proceeding to enforce the claim is commenced within three years after the publication of this notice.

**To All Creditors and Claimants Against  
Falcon Industries, Incorporated d/b/a Sundancer Pontoons**

On July 13, 2011, Falcon Industries, Incorporated, d/b/a Sundancer Pontoons, a Missouri corporation, was dissolved upon the filing of its Articles of Dissolution by the Missouri Secretary of State. All persons who have claims against the corporation should present them immediately, if they have not already done so, by letter to Gregory D. Williams, Attorney at Law, 16533 N State Highway 5, Ste. 301, Sunrise Beach, MO 65079. All claims must include the name and address of the claimant, the amount claimed and the basis for the claim. A claim against the corporation will be barred unless a proceeding to enforce the claim is commenced within two years after the publication of this notice.

**NOTICE OF CORPORATE DISSOLUTION  
TO ALL CREDITORS OF AND CLAIMANTS AGAINST  
THE WESTERN TEXTILE COMPANIES EXPORTS, INC.**

On May 13, 2011, The Western Textile Companies Exports, Inc., a Missouri corporation, filed its Articles of Dissolution with the Missouri Secretary of State. Dissolution was effective on October 17, 2011. Said corporation requests that all persons and organizations with claims against it present them immediately by letter to the corporation in care of:

**CHARLES D. VAN DYKE**  
3400 TREE CT INDUSTRIAL BLVD  
ST. LOUIS MO 63122

Registered agent for The Western Textile Companies Exports, Inc.

All claims must include: 1) name and address of the claimant; 2) the amount claimed; 3) the basis for the claim; 4) the date(s) on which the event(s) on which the claim is based occurred; and 5) documentation of the claim.

**NOTICE: BECAUSE OF THE DISSOLUTION OF THE WESTERN TEXTILE COMPANIES EXPORTS, INC. ANY CLAIMS AGAINST IT WILL BE BARRED UNLESS A PROCEEDING TO ENFORCE THE CLAIM IS COMMENCED WITHIN TWO YEARS AFTER THE PUBLICATION DATE OF THIS NOTICE UNDER RSMO 351.482.**

**NOTICE OF DISSOLUTION OF GUARDIAN RESOURCES, LLC**

**NOTICE OF DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS  
AGAINST GUARDIAN RESOURCES, LLC, a Missouri limited liability company.**

On October 18, 2011, GUARDIAN RESOURCES, LLC, a Missouri limited liability company, filed its notice of winding up with the Missouri Secretary of State. The winding up period began on October 25, 2011.

Said limited liability company requests that all persons and organizations who have claims against it present them immediately by letter to the limited liability company at c/o Ms. Patricia Rivette, P.O. Box 205, Pebble Beach, CA 93953.

All claims must include: the name and address of the claimant; the amount claimed; the basis for the claim; the date(s) on which the event(s) on which the claim is based occurred; and any supporting documents.

**NOTICE:** Because of the winding up of GUARDIAN RESOURCES, LLC, any claims against it will be barred unless a proceeding to enforce the claim is commenced within three years after the publication date of the notices authorized by statute, whichever is published last.

# Rule Changes Since Update to Code of State Regulations

This cumulative table gives you the latest status of rules. It contains citations of rulemakings adopted or proposed after deadline for the monthly Update Service to the *Code of State Regulations*, citations are to volume and page number in the *Missouri Register*, except for material in this issue. The first number in the table cite refers to the volume number or the publication year—30 (2005) and 31 (2006). MoReg refers to *Missouri Register* and the numbers refer to a specific *Register* page, R indicates a rescission, W indicates a withdrawal, S indicates a statement of actual cost, T indicates an order terminating a rule, N.A. indicates not applicable, RAN indicates a rule action notice, RUC indicates a rule under consideration, and F indicates future effective date.

Rule Number	Agency	Emergency	Proposed	Order	In Addition
1 CSR 10	<b>OFFICE OF ADMINISTRATION</b>				
1 CSR 30-7.010	State Officials' Salary Compensation Schedule				35 MoReg 1815
	Division of Facilities Management, Design and Construction		36 MoReg 1604	36 MoReg 2397	
	<b>DEPARTMENT OF AGRICULTURE</b>				
2 CSR 30-2.020	Animal Health		36 MoReg 1981	This Issue	
2 CSR 30-9.010	Animal Health	36 MoReg 1885	36 MoReg 1982	36 MoReg 2939	
2 CSR 30-9.020	Animal Health	36 MoReg 1887	36 MoReg 1984	36 MoReg 2975	
2 CSR 30-9.030	Animal Health	36 MoReg 1889	36 MoReg 1989	36 MoReg 3018	
2 CSR 30-9.040	Animal Health		36 MoReg 1802	36 MoReg 3071	
2 CSR 30-9.050	Animal Health		36 MoReg 1803	36 MoReg 3071	
2 CSR 30-9.100	Animal Health		36 MoReg 1806	This Issue	
2 CSR 30-9.110	Animal Health		36 MoReg 1806	This Issue	
2 CSR 70-45.005	Plant Industries	36 MoReg 2083	36 MoReg 2159		
2 CSR 80-2.190	State Milk Board		36 MoReg 1809	36 MoReg 2398	
2 CSR 90-10	Weights and Measures				36 MoReg 1762
2 CSR 90-10.001	Weights and Measures		36 MoReg 885		
			36 MoReg 1741	36 MoReg 2838	
2 CSR 90-10.011	Weights and Measures		36 MoReg 885		
			36 MoReg 1741	36 MoReg 2838	
2 CSR 90-10.012	Weights and Measures		36 MoReg 886		
			36 MoReg 1742	36 MoReg 2838	
2 CSR 90-10.013	Weights and Measures		36 MoReg 887		
			36 MoReg 1743	36 MoReg 2839	
2 CSR 90-10.014	Weights and Measures		36 MoReg 889		
			36 MoReg 1745	36 MoReg 2839	
2 CSR 90-10.015	Weights and Measures		36 MoReg 890		
			36 MoReg 1746	36 MoReg 2839	
2 CSR 90-10.020	Weights and Measures		36 MoReg 890		
			36 MoReg 1746	36 MoReg 2839	
2 CSR 90-10.040	Weights and Measures		36 MoReg 891		
			36 MoReg 1747	36 MoReg 2839	
2 CSR 90-10.060	Weights and Measures		36 MoReg 892R		
			36 MoReg 1748R	36 MoReg 2840R	
2 CSR 90-10.070	Weights and Measures		36 MoReg 892R		
			36 MoReg 1748R	36 MoReg 2840R	
2 CSR 90-10.090	Weights and Measures		36 MoReg 892		
			36 MoReg 1748	36 MoReg 2840	
2 CSR 90-10.120	Weights and Measures		36 MoReg 892		
			36 MoReg 1748	36 MoReg 2840	
	<b>DEPARTMENT OF CONSERVATION</b>				
3 CSR 10-5.205	Conservation Commission		36 MoReg 2159	This Issue	
3 CSR 10-5.220	Conservation Commission		36 MoReg 2160	This Issue	
3 CSR 10-6.415	Conservation Commission		36 MoReg 2160	This Issue	
3 CSR 10-7.410	Conservation Commission		36 MoReg 2161	This Issue	
3 CSR 10-7.431	Conservation Commission		36 MoReg 2161	This Issue	
3 CSR 10-7.433	Conservation Commission		36 MoReg 2161	This Issue	
3 CSR 10-7.455	Conservation Commission		36 MoReg 2161	This Issue	36 MoReg 676
3 CSR 10-9.110	Conservation Commission		36 MoReg 2162	This Issue	
3 CSR 10-10.744	Conservation Commission		36 MoReg 2163	This Issue	
3 CSR 10-11.110	Conservation Commission		36 MoReg 2166	This Issue	
3 CSR 10-11.115	Conservation Commission		36 MoReg 2166	This Issue	
3 CSR 10-11.125	Conservation Commission		36 MoReg 2166	This Issue	
3 CSR 10-11.130	Conservation Commission		36 MoReg 2167	This Issue	
3 CSR 10-11.140	Conservation Commission		36 MoReg 2167	This Issue	
3 CSR 10-11.160	Conservation Commission		36 MoReg 2168	This Issue	
3 CSR 10-11.165	Conservation Commission		36 MoReg 2168	This Issue	
3 CSR 10-11.180	Conservation Commission		36 MoReg 2169	This Issue	
3 CSR 10-11.185	Conservation Commission		36 MoReg 2170	This Issue	
3 CSR 10-11.186	Conservation Commission		36 MoReg 2171	This Issue	
3 CSR 10-11.200	Conservation Commission		36 MoReg 2171	This Issue	
3 CSR 10-11.205	Conservation Commission		36 MoReg 2172	This Issue	
3 CSR 10-11.215	Conservation Commission		36 MoReg 2172	This Issue	
3 CSR 10-12.109	Conservation Commission		36 MoReg 2173	This Issue	
3 CSR 10-12.110	Conservation Commission		36 MoReg 2173	This Issue	
3 CSR 10-12.115	Conservation Commission		36 MoReg 2174	This Issue	

Rule Number	Agency	Emergency	Proposed	Order	In Addition
3 CSR 10-12.125	Conservation Commission		36 MoReg 2174	This Issue	
3 CSR 10-12.130	Conservation Commission		36 MoReg 2175	This Issue	
3 CSR 10-12.135	Conservation Commission		36 MoReg 2175	This Issue	
3 CSR 10-12.140	Conservation Commission		36 MoReg 2176	This Issue	
3 CSR 10-12.145	Conservation Commission		36 MoReg 2176	This Issue	
3 CSR 10-12.150	Conservation Commission		36 MoReg 2177	This Issue	
<b>DEPARTMENT OF ECONOMIC DEVELOPMENT</b>					
4 CSR 170-7.010	Missouri Housing Development Commission		This IssueR		
4 CSR 170-7.020	Missouri Housing Development Commission		This IssueR		
4 CSR 170-7.030	Missouri Housing Development Commission		This IssueR		
4 CSR 170-7.040	Missouri Housing Development Commission		This IssueR		
4 CSR 170-7.050	Missouri Housing Development Commission		This IssueR		
4 CSR 170-7.100	Missouri Housing Development Commission		This Issue		
4 CSR 170-7.200	Missouri Housing Development Commission		This Issue		
4 CSR 170-7.300	Missouri Housing Development Commission		This Issue		
4 CSR 170-7.400	Missouri Housing Development Commission		This Issue		
4 CSR 170-7.500	Missouri Housing Development Commission		This Issue		
4 CSR 170-7.600	Missouri Housing Development Commission		This Issue		
4 CSR 240-4.020	Public Service Commission		36 MoReg 2230		
<b>DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION</b>					
5 CSR 20-100.105	Division of Learning Services		36 MoReg 2087		
5 CSR 30-345.011	Division of Administrative and Financial Services		36 MoReg 2093R		
5 CSR 50-340.018	Division of School Improvement		36 MoReg 2093R		
5 CSR 50-340.019	Division of School Improvement		36 MoReg 2093R		
5 CSR 50-340.021	Division of School Improvement		36 MoReg 2093R		
5 CSR 50-340.022	Division of School Improvement		36 MoReg 2094R		
5 CSR 50-340.030	Division of School Improvement		36 MoReg 2094R		
5 CSR 50-340.060	Division of School Improvement		36 MoReg 2094R		
5 CSR 50-340.070	Division of School Improvement		36 MoReg 2094R		
5 CSR 50-340.100	Division of School Improvement		36 MoReg 2095R		
5 CSR 50-340.150	Division of School Improvement		36 MoReg 2095R		
5 CSR 50-350.010	Division of School Improvement		36 MoReg 2095R		
5 CSR 50-350.020	Division of School Improvement		36 MoReg 2095R		
5 CSR 50-350.030	Division of School Improvement		36 MoReg 2096R		
5 CSR 50-350.050	Division of School Improvement		36 MoReg 2096R		
5 CSR 80-870.010	Teacher Quality and Urban Education		36 MoReg 2096R		
<b>DEPARTMENT OF HIGHER EDUCATION</b>					
6 CSR 10-2.200	Commissioner of Higher Education		36 MoReg 1749	36 MoReg 2292	
6 CSR 10-11.010	Commissioner of Higher Education	36 MoReg 2221	36 MoReg 1894	36 MoReg 2840	
<b>DEPARTMENT OF TRANSPORTATION</b>					
7 CSR 10-25.010	Missouri Highways and Transportation Commission				36 MoReg 2858 This Issue
<b>DEPARTMENT OF MENTAL HEALTH</b>					
9 CSR 10-5.240	Director, Department of Mental Health		36 MoReg 2369		
9 CSR 10-31.030	Director, Department of Mental Health	36 MoReg 2083	36 MoReg 2097		
9 CSR 30-4.030	Certification Standards		This Issue		
9 CSR 30-4.034	Certification Standards		This Issue		
9 CSR 30-4.035	Certification Standards		This Issue		
9 CSR 30-4.039	Certification Standards		This Issue		
9 CSR 30-4.042	Certification Standards		This Issue		
9 CSR 30-4.043	Certification Standards		This Issue		
9 CSR 30-4.046	Certification Standards		This Issue		
<b>DEPARTMENT OF NATURAL RESOURCES</b>					
10 CSR 10-2.385	Air Conservation Commission		36 MoReg 2520		
10 CSR 10-5.040	Air Conservation Commission		36 MoReg 2232		
10 CSR 10-5.130	Air Conservation Commission		36 MoReg 2233		
10 CSR 10-5.385	Air Conservation Commission		36 MoReg 2521		
10 CSR 10-5.455	Air Conservation Commission		36 MoReg 2233		
10 CSR 10-5.490	Air Conservation Commission		36 MoReg 2234		
10 CSR 10-6.020	Air Conservation Commission		36 MoReg 2246		
10 CSR 10-6.070	Air Conservation Commission		36 MoReg 1811	This Issue	
10 CSR 10-6.075	Air Conservation Commission		36 MoReg 1812	This Issue	
10 CSR 10-6.080	Air Conservation Commission		36 MoReg 1814	This Issue	
10 CSR 10-6.310	Air Conservation Commission		36 MoReg 2260		
10 CSR 10-6.400	Air Conservation Commission		36 MoReg 2269		
10 CSR 20-6.010	Clean Water Commission	36 MoReg 1892	36 MoReg 1895		
10 CSR 20-6.100	Clean Water Commission		36 MoReg 2906R		
			36 MoReg 2906		
10 CSR 20-6.300	Clean Water Commission		36 MoReg 1909		
10 CSR 20-7.031	Clean Water Commission		36 MoReg 2521		
10 CSR 20-8.120	Clean Water Commission		36 MoReg 1815		
10 CSR 20-8.300	Clean Water Commission		36 MoReg 1927		
10 CSR 20-10.010	Clean Water Commission		36 MoReg 1222	36 MoReg 2299	
	(Changed to 10 CSR 26-2.010)				

Rule Number	Agency	Emergency	Proposed	Order	In Addition
10 CSR 20-10.011	Clean Water Commission ( <i>Changed to 10 CSR 26-2.011</i> )		36 MoReg 1227	36 MoReg 2300	
10 CSR 20-10.012	Clean Water Commission ( <i>Changed to 10 CSR 26-2.012</i> )		36 MoReg 1227	36 MoReg 2300	
10 CSR 20-10.020	Clean Water Commission ( <i>Changed to 10 CSR 26-2.020</i> )		36 MoReg 1228	36 MoReg 2302	
10 CSR 20-10.021	Clean Water Commission ( <i>Changed to 10 CSR 26-2.021</i> )		36 MoReg 1236	36 MoReg 2303	
10 CSR 20-10.022	Clean Water Commission ( <i>Changed to 10 CSR 26-2.022</i> )		36 MoReg 1240	36 MoReg 2304	
10 CSR 20-10.030	Clean Water Commission ( <i>Changed to 10 CSR 26-2.030</i> )		36 MoReg 1241	36 MoReg 2305	
10 CSR 20-10.031	Clean Water Commission ( <i>Changed to 10 CSR 26-2.031</i> )		36 MoReg 1241	36 MoReg 2305	
10 CSR 20-10.032	Clean Water Commission ( <i>Changed to 10 CSR 26-2.032</i> )		36 MoReg 1242	36 MoReg 2306	
10 CSR 20-10.033	Clean Water Commission ( <i>Changed to 10 CSR 26-2.033</i> )		36 MoReg 1243	36 MoReg 2307	
10 CSR 20-10.034	Clean Water Commission ( <i>Changed to 10 CSR 26-2.034</i> )		36 MoReg 1249	36 MoReg 2308	
10 CSR 20-10.040	Clean Water Commission ( <i>Changed to 10 CSR 26-2.040</i> )		36 MoReg 1250	36 MoReg 2308	
10 CSR 20-10.041	Clean Water Commission ( <i>Changed to 10 CSR 26-2.041</i> )		36 MoReg 1251	36 MoReg 2309	
10 CSR 20-10.042	Clean Water Commission ( <i>Changed to 10 CSR 26-2.042</i> )		36 MoReg 1255	36 MoReg 2313	
10 CSR 20-10.043	Clean Water Commission ( <i>Changed to 10 CSR 26-2.043</i> )		36 MoReg 1255	36 MoReg 2313	
10 CSR 20-10.044	Clean Water Commission ( <i>Changed to 10 CSR 26-2.044</i> )		36 MoReg 1258	36 MoReg 2313	
10 CSR 20-10.045	Clean Water Commission ( <i>Changed to 10 CSR 26-2.045</i> )		36 MoReg 1258	36 MoReg 2314	
10 CSR 20-10.050	Clean Water Commission ( <i>Changed to 10 CSR 26-2.050</i> )		36 MoReg 1259	36 MoReg 2314	
10 CSR 20-10.051	Clean Water Commission ( <i>Changed to 10 CSR 26-2.051</i> )		36 MoReg 1259	36 MoReg 2315	
10 CSR 20-10.052	Clean Water Commission ( <i>Changed to 10 CSR 26-2.052</i> )		36 MoReg 1260	36 MoReg 2315	
10 CSR 20-10.053	Clean Water Commission ( <i>Changed to 10 CSR 26-2.053</i> )		36 MoReg 1260	36 MoReg 2315	
10 CSR 20-10.060	Clean Water Commission ( <i>Changed to 10 CSR 26-2.070</i> )		36 MoReg 1261	36 MoReg 2317	
10 CSR 20-10.061	Clean Water Commission ( <i>Changed to 10 CSR 26-2.071</i> )		36 MoReg 1261	36 MoReg 2317	
10 CSR 20-10.062	Clean Water Commission ( <i>Changed to 10 CSR 26-2.072</i> )		36 MoReg 1262	36 MoReg 2318	
10 CSR 20-10.063	Clean Water Commission ( <i>Changed to 10 CSR 26-2.074</i> )		36 MoReg 1262	36 MoReg 2318	
10 CSR 20-10.064	Clean Water Commission ( <i>Changed to 10 CSR 26-2.075</i> )		36 MoReg 1263	36 MoReg 2318	
10 CSR 20-10.065	Clean Water Commission ( <i>Changed to 10 CSR 26-2.078</i> )		36 MoReg 1263	36 MoReg 2318	
10 CSR 20-10.066	Clean Water Commission ( <i>Changed to 10 CSR 26-2.082</i> )		36 MoReg 1264	36 MoReg 2319	
10 CSR 20-10.067	Clean Water Commission ( <i>Changed to 10 CSR 26-2.083</i> )		36 MoReg 1264	36 MoReg 2319	
10 CSR 20-10.068	Clean Water Commission ( <i>Changed to 10 CSR 26-2.080</i> )		36 MoReg 1265	36 MoReg 2319	
10 CSR 20-10.070	Clean Water Commission ( <i>Changed to 10 CSR 26-2.060</i> )		36 MoReg 1265	36 MoReg 2315	
10 CSR 20-10.071	Clean Water Commission ( <i>Changed to 10 CSR 26-2.061</i> )		36 MoReg 1272	36 MoReg 2316	
10 CSR 20-10.072	Clean Water Commission ( <i>Changed to 10 CSR 26-2.062</i> )		36 MoReg 1273	36 MoReg 2316	
10 CSR 20-10.073	Clean Water Commission ( <i>Changed to 10 CSR 26-2.063</i> )		36 MoReg 1273	36 MoReg 2317	
10 CSR 20-10.074	Clean Water Commission ( <i>Changed to 10 CSR 26-2.064</i> )		36 MoReg 1274	36 MoReg 2317	
10 CSR 20-11.090	Clean Water Commission ( <i>Changed to 10 CSR 26-3.090</i> )		36 MoReg 1274	36 MoReg 2320	
10 CSR 20-11.091	Clean Water Commission		36 MoReg 1275R	36 MoReg 2292R	
10 CSR 20-11.092	Clean Water Commission ( <i>Changed to 10 CSR 26-3.092</i> )		36 MoReg 1275	36 MoReg 2320	
10 CSR 20-11.093	Clean Water Commission ( <i>Changed to 10 CSR 26-3.093</i> )		36 MoReg 1276	36 MoReg 2320	
10 CSR 20-11.094	Clean Water Commission ( <i>Changed to 10 CSR 26-3.094</i> )		36 MoReg 1276	36 MoReg 2320	
10 CSR 20-11.095	Clean Water Commission ( <i>Changed to 10 CSR 26-3.095</i> )		36 MoReg 1279	36 MoReg 2321	
10 CSR 20-11.096	Clean Water Commission ( <i>Changed to 10 CSR 26-3.096</i> )		36 MoReg 1280	36 MoReg 2321	
10 CSR 20-11.097	Clean Water Commission ( <i>Changed to 10 CSR 26-3.097</i> )		36 MoReg 1283	36 MoReg 2321	

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10 CSR 20-11.098	Clean Water Commission ( <i>Changed to 10 CSR 26-3.098</i> )		36 MoReg 1286	36 MoReg 2322	
10 CSR 20-11.099	Clean Water Commission ( <i>Changed to 10 CSR 26-3.099</i> )		36 MoReg 1289	36 MoReg 2322	
10 CSR 20-11.101	Clean Water Commission ( <i>Changed to 10 CSR 26-3.101</i> )		36 MoReg 1291	36 MoReg 2322	
10 CSR 20-11.102	Clean Water Commission ( <i>Changed to 10 CSR 26-3.102</i> )		36 MoReg 1291	36 MoReg 2322	
10 CSR 20-11.103	Clean Water Commission ( <i>Changed to 10 CSR 26-3.103</i> )		36 MoReg 1292	36 MoReg 2323	
10 CSR 20-11.104	Clean Water Commission ( <i>Changed to 10 CSR 26-3.104</i> )		36 MoReg 1297	36 MoReg 2323	
10 CSR 20-11.105	Clean Water Commission ( <i>Changed to 10 CSR 26-3.105</i> )		36 MoReg 1297	36 MoReg 2323	
10 CSR 20-11.106	Clean Water Commission ( <i>Changed to 10 CSR 26-3.106</i> )		36 MoReg 1298	36 MoReg 2323	
10 CSR 20-11.107	Clean Water Commission ( <i>Changed to 10 CSR 26-3.107</i> )		36 MoReg 1298	36 MoReg 2324	
10 CSR 20-11.108	Clean Water Commission ( <i>Changed to 10 CSR 26-3.108</i> )		36 MoReg 1301	36 MoReg 2324	
10 CSR 20-11.109	Clean Water Commission ( <i>Changed to 10 CSR 26-3.109</i> )		36 MoReg 1303	36 MoReg 2324	
10 CSR 20-11.110	Clean Water Commission ( <i>Changed to 10 CSR 26-3.110</i> )		36 MoReg 1303	36 MoReg 2324	
10 CSR 20-11.111	Clean Water Commission ( <i>Changed to 10 CSR 26-3.111</i> )		36 MoReg 1304	36 MoReg 2325	
10 CSR 20-11.112	Clean Water Commission ( <i>Changed to 10 CSR 26-3.112</i> )		36 MoReg 1304	36 MoReg 2325	
10 CSR 20-11.113	Clean Water Commission ( <i>Changed to 10 CSR 26-3.113</i> )		36 MoReg 1308	36 MoReg 2325	
10 CSR 20-11.114	Clean Water Commission ( <i>Changed to 10 CSR 26-3.114</i> )		36 MoReg 1311	36 MoReg 2325	
10 CSR 20-11.115	Clean Water Commission ( <i>Changed to 10 CSR 26-3.115</i> )		36 MoReg 1318	36 MoReg 2326	
10 CSR 20-13.080	Clean Water Commission ( <i>Changed to 10 CSR 26-4.080</i> )		36 MoReg 1320	36 MoReg 2326	
10 CSR 20-15.010	Clean Water Commission ( <i>Changed to 10 CSR 26-5.010</i> )		36 MoReg 1320	36 MoReg 2326	
10 CSR 20-15.020	Clean Water Commission ( <i>Changed to 10 CSR 26-5.020</i> )		36 MoReg 1321	36 MoReg 2326	
10 CSR 20-15.030	Clean Water Commission ( <i>Changed to 10 CSR 26-5.030</i> )		36 MoReg 1321	36 MoReg 2327	
10 CSR 23-1.050	Division of Geology and Land Survey		36 MoReg 2178		
10 CSR 25-3.260	Hazardous Waste Management Commission		36 MoReg 1322	36 MoReg 2292	
10 CSR 25-4.261	Hazardous Waste Management Commission		36 MoReg 1322	36 MoReg 2293	
10 CSR 25-5.262	Hazardous Waste Management Commission		36 MoReg 1324	36 MoReg 2293	
10 CSR 25-6.263	Hazardous Waste Management Commission		36 MoReg 1325	36 MoReg 2294	
10 CSR 25-7.264	Hazardous Waste Management Commission		36 MoReg 1326	36 MoReg 2295	
10 CSR 25-7.265	Hazardous Waste Management Commission		36 MoReg 1328	36 MoReg 2296	
10 CSR 25-7.266	Hazardous Waste Management Commission		36 MoReg 1329	36 MoReg 2297	
10 CSR 25-7.268	Hazardous Waste Management Commission		36 MoReg 1330	36 MoReg 2297	
10 CSR 25-7.270	Hazardous Waste Management Commission		36 MoReg 1330	36 MoReg 2297	
10 CSR 25-8.124	Hazardous Waste Management Commission		36 MoReg 1331	36 MoReg 2298	
10 CSR 25-11.279	Hazardous Waste Management Commission		36 MoReg 1339	36 MoReg 2298	
10 CSR 25-13.010	Hazardous Waste Management Commission		36 MoReg 1341	36 MoReg 2299	
10 CSR 25-16.273	Hazardous Waste Management Commission		36 MoReg 1342	36 MoReg 2299	
10 CSR 26-1.010	Petroleum and Hazardous Substance Storage Tanks		36 MoReg 1344	36 MoReg 2299	
10 CSR 26-2.010	Petroleum and Hazardous Substance Storage Tanks ( <i>Changed from 10 CSR 20-10.010</i> )		36 MoReg 1222	36 MoReg 2299	
10 CSR 26-2.011	Petroleum and Hazardous Substance Storage Tanks ( <i>Changed from 10 CSR 20-10.011</i> )		36 MoReg 1227	36 MoReg 2300	
10 CSR 26-2.012	Petroleum and Hazardous Substance Storage Tanks ( <i>Changed from 10 CSR 20-10.012</i> )		36 MoReg 1227	36 MoReg 2300	
10 CSR 26-2.019	Petroleum and Hazardous Substance Storage Tanks		36 MoReg 1344	36 MoReg 2301	
10 CSR 26-2.020	Petroleum and Hazardous Substance Storage Tanks ( <i>Changed from 10 CSR 20-10.020</i> )		36 MoReg 1228	36 MoReg 2302	
10 CSR 26-2.021	Petroleum and Hazardous Substance Storage Tanks ( <i>Changed from 10 CSR 20-10.021</i> )		36 MoReg 1236	36 MoReg 2303	
10 CSR 26-2.022	Petroleum and Hazardous Substance Storage Tanks ( <i>Changed from 10 CSR 20-10.022</i> )		36 MoReg 1240	36 MoReg 2304	
10 CSR 26-2.030	Petroleum and Hazardous Substance Storage Tanks ( <i>Changed from 10 CSR 20-10.030</i> )		36 MoReg 1241	36 MoReg 2305	
10 CSR 26-2.031	Petroleum and Hazardous Substance Storage Tanks ( <i>Changed from 10 CSR 20-10.031</i> )		36 MoReg 1241	36 MoReg 2305	
10 CSR 26-2.032	Petroleum and Hazardous Substance Storage Tanks ( <i>Changed from 10 CSR 20-10.032</i> )		36 MoReg 1242	36 MoReg 2306	
10 CSR 26-2.033	Petroleum and Hazardous Substance Storage Tanks ( <i>Changed from 10 CSR 20-10.033</i> )		36 MoReg 1243	36 MoReg 2307	
10 CSR 26-2.034	Petroleum and Hazardous Substance Storage Tanks ( <i>Changed from 10 CSR 20-10.034</i> )		36 MoReg 1249	36 MoReg 2308	
10 CSR 26-2.040	Petroleum and Hazardous Substance Storage Tanks ( <i>Changed from 10 CSR 20-10.040</i> )		36 MoReg 1250	36 MoReg 2308	
10 CSR 26-2.041	Petroleum and Hazardous Substance Storage Tanks ( <i>Changed from 10 CSR 20-10.041</i> )		36 MoReg 1251	36 MoReg 2309	

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10 CSR 26-3.111	Petroleum and Hazardous Substance Storage Tanks ( <i>Changed from 10 CSR 20-11.111</i> )		36 MoReg 1304	36 MoReg 2325	
10 CSR 26-3.112	Petroleum and Hazardous Substance Storage Tanks ( <i>Changed from 10 CSR 20-11.112</i> )		36 MoReg 1304	36 MoReg 2325	
10 CSR 26-3.113	Petroleum and Hazardous Substance Storage Tanks ( <i>Changed from 10 CSR 20-11.113</i> )		36 MoReg 1308	36 MoReg 2325	
10 CSR 26-3.114	Petroleum and Hazardous Substance Storage Tanks ( <i>Changed from 10 CSR 20-11.114</i> )		36 MoReg 1311	36 MoReg 2325	
10 CSR 26-3.115	Petroleum and Hazardous Substance Storage Tanks ( <i>Changed from 10 CSR 20-11.115</i> )		36 MoReg 1318	36 MoReg 2326	
10 CSR 26-4.080	Petroleum and Hazardous Substance Storage Tanks ( <i>Changed from 10 CSR 20-13.080</i> )		36 MoReg 1320	36 MoReg 2326	
10 CSR 26-5.010	Petroleum and Hazardous Substance Storage Tanks ( <i>Changed from 10 CSR 20-15.010</i> )		36 MoReg 1320	36 MoReg 2326	
10 CSR 26-5.020	Petroleum and Hazardous Substance Storage Tanks ( <i>Changed from 10 CSR 20-15.020</i> )		36 MoReg 1321	36 MoReg 2326	
10 CSR 26-5.030	Petroleum and Hazardous Substance Storage Tanks ( <i>Changed from 10 CSR 20-15.030</i> )		36 MoReg 1321	36 MoReg 2327	
10 CSR 40-5.010	Land Reclamation Commission		36 MoReg 1820	36 MoReg 3072	
10 CSR 40-5.020	Land Reclamation Commission		36 MoReg 1826	36 MoReg 3073	
10 CSR 60-5.010	Safe Drinking Water Commission		36 MoReg 2374		
10 CSR 60-7.020	Safe Drinking Water Commission		36 MoReg 2375		
10 CSR 60-8.030	Safe Drinking Water Commission		36 MoReg 2380		
10 CSR 60-15.010	Safe Drinking Water Commission		36 MoReg 2380		
10 CSR 60-15.020	Safe Drinking Water Commission		36 MoReg 2381		
10 CSR 60-15.040	Safe Drinking Water Commission		36 MoReg 2384		
10 CSR 60-15.050	Safe Drinking Water Commission		36 MoReg 2384		
10 CSR 60-15.060	Safe Drinking Water Commission		36 MoReg 2385R 36 MoReg 2385		
10 CSR 60-15.070	Safe Drinking Water Commission		36 MoReg 2391		
10 CSR 60-15.080	Safe Drinking Water Commission		36 MoReg 2393		
10 CSR 60-15.090	Safe Drinking Water Commission		36 MoReg 2394		
<b>DEPARTMENT OF PUBLIC SAFETY</b>					
11 CSR 10-11	Adjutant General				36 MoReg 1196 36 MoReg 1485 36 MoReg 1765 36 MoReg 2330
11 CSR 45-1.015	Missouri Gaming Commission		36 MoReg 2270		
11 CSR 45-1.080	Missouri Gaming Commission		36 MoReg 2270		
11 CSR 45-5.030	Missouri Gaming Commission		36 MoReg 2270		
11 CSR 45-5.065	Missouri Gaming Commission		36 MoReg 2271		
11 CSR 45-5.194	Missouri Gaming Commission		36 MoReg 1615	36 MoReg 2841	
11 CSR 45-5.200	Missouri Gaming Commission		36 MoReg 1995		
11 CSR 45-7.160	Missouri Gaming Commission		36 MoReg 2097		
11 CSR 45-9.108	Missouri Gaming Commission		36 MoReg 2687		
11 CSR 45-9.114	Missouri Gaming Commission		36 MoReg 2098		
11 CSR 45-9.117	Missouri Gaming Commission		36 MoReg 2098		
11 CSR 45-12.090	Missouri Gaming Commission		36 MoReg 2271		
11 CSR 45-17.010	Missouri Gaming Commission		36 MoReg 2099		
11 CSR 45-17.020	Missouri Gaming Commission		36 MoReg 2100		
11 CSR 45-17.030	Missouri Gaming Commission		36 MoReg 2101		
11 CSR 45-17.040	Missouri Gaming Commission		36 MoReg 2101		
11 CSR 45-17.050	Missouri Gaming Commission		36 MoReg 2102R		
11 CSR 45-17.060	Missouri Gaming Commission		36 MoReg 2102		
11 CSR 45-17.070	Missouri Gaming Commission		36 MoReg 2103		
<b>DEPARTMENT OF REVENUE</b>					
12 CSR 10-3.894	Director of Revenue		36 MoReg 1995R	36 MoReg 3073R	
12 CSR 10-4.628	Director of Revenue		36 MoReg 1995R	36 MoReg 3073R	
12 CSR 10-23.070	Director of Revenue		36 MoReg 2103R		
12 CSR 10-41.010	Director of Revenue	36 MoReg 2455	36 MoReg 2687		
12 CSR 10-43.030	Director of Revenue		36 MoReg 2395		
<b>DEPARTMENT OF SOCIAL SERVICES</b>					
13 CSR 70-3.210	MO HealthNet Division		36 MoReg 1828	36 MoReg 2399	
13 CSR 70-3.220	MO HealthNet Division		36 MoReg 1829	36 MoReg 2399	
13 CSR 70-3.230	MO HealthNet Division		This Issue		
13 CSR 70-10.016	MO HealthNet Division	36 MoReg 2222	36 MoReg 1832	36 MoReg 2399	
13 CSR 70-10.030	MO HealthNet Division	36 MoReg 2224	36 MoReg 2272		36 MoReg 2401
13 CSR 70-10.110	MO HealthNet Division	36 MoReg 2225	36 MoReg 1835	36 MoReg 2399	
13 CSR 70-15.010	MO HealthNet Division	36 MoReg 1575	36 MoReg 1616	36 MoReg 2842	
13 CSR 70-15.110	MO HealthNet Division	36 MoReg 2226	36 MoReg 1840	36 MoReg 2842	
13 CSR 70-15.160	MO HealthNet Division	36 MoReg 2227	36 MoReg 1843	This Issue	
13 CSR 70-15.200	MO HealthNet Division		This IssueR		
13 CSR 70-15.220	MO HealthNet Division	36 MoReg 1577	36 MoReg 1620	36 MoReg 2842	
13 CSR 70-15.230	MO HealthNet Division	36 MoReg 1580	36 MoReg 1624	36 MoReg 2849	
13 CSR 70-20.320	MO HealthNet Division	35 MoReg 1072	35 MoReg 1114		
13 CSR 70-26.010	MO HealthNet Division		36 MoReg 1846	36 MoReg 2399	
13 CSR 70-35.010	MO HealthNet Division		36 MoReg 2273		

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<b>DEPARTMENT OF CORRECTIONS</b>					
14 CSR 80-3.010	State Board of Probation and Parole		36 MoReg 2695		
14 CSR 80-3.020	State Board of Probation and Parole		36 MoReg 2697		
14 CSR 80-5.010	State Board of Probation and Parole		36 MoReg 2697		
14 CSR 80-5.020	State Board of Probation and Parole		36 MoReg 2698		
<b>ELECTED OFFICIALS</b>					
15 CSR 30-200.010	Secretary of State		36 MoReg 2698		
15 CSR 30-200.020	Secretary of State		36 MoReg 2699		
15 CSR 60-13.060	Attorney General		36 MoReg 2274		
<b>RETIREMENT SYSTEMS</b>					
16 CSR 10-4.012	The Public School Retirement System of Missouri		36 MoReg 1852	36 MoReg 2849	
16 CSR 10-4.014	The Public School Retirement System of Missouri		36 MoReg 1852	36 MoReg 2849	
16 CSR 10-6.040	The Public School Retirement System of Missouri		36 MoReg 1853	36 MoReg 2850	
16 CSR 10-6.045	The Public School Retirement System of Missouri		36 MoReg 1853	36 MoReg 2850	
16 CSR 20-2.085	Missouri Local Government Employees' Retirement System (LAGERS)		36 MoReg 2275		
16 CSR 20-4.010	Missouri Local Government Employees' Retirement System (LAGERS)		36 MoReg 2276		
16 CSR 50-2.035	The County Employees' Retirement Fund		36 MoReg 2103		
<b>DEPARTMENT OF HEALTH AND SENIOR SERVICES</b>					
19 CSR 10-10	Office of the Director				36 MoReg 1700
19 CSR 20-28.010	Division of Community and Public Health		This Issue		
19 CSR 20-28.040	Division of Community and Public Health		This Issue		
19 CSR 30-1	Division of Regulation and Licensure				36 MoReg 1702
19 CSR 30-20	Division of Regulation and Licensure				36 MoReg 1704
19 CSR 30-70.620	Division of Regulation and Licensure		This Issue		
19 CSR 30-70.630	Division of Regulation and Licensure		This Issue		
19 CSR 60-50	Missouri Health Facilities Review Committee				36 MoReg 2334 36 MoReg 2859 This Issue
19 CSR 73	Missouri Board of Nursing Home Administrators				36 MoReg 1707
19 CSR 73-1.010	Missouri Board of Nursing Home Administrators		36 MoReg 1520 36 MoReg 1626	36 MoReg 2850	
19 CSR 73-2.010	Missouri Board of Nursing Home Administrators	36 MoReg 1515	36 MoReg 1520 36 MoReg 1626	36 MoReg 2850	
19 CSR 73-2.015	Missouri Board of Nursing Home Administrators		36 MoReg 1521 36 MoReg 1627	36 MoReg 2851	
19 CSR 73-2.020	Missouri Board of Nursing Home Administrators	36 MoReg 1516	36 MoReg 1524 36 MoReg 1629	36 MoReg 2852	
19 CSR 73-2.022	Missouri Board of Nursing Home Administrators	36 MoReg 1517	36 MoReg 1526 36 MoReg 1631	36 MoReg 2852	
19 CSR 73-2.025	Missouri Board of Nursing Home Administrators	36 MoReg 1518	36 MoReg 1528 36 MoReg 1633	36 MoReg 2853	36 MoReg 3074
19 CSR 73-2.031	Missouri Board of Nursing Home Administrators		36 MoReg 1530 36 MoReg 1635	36 MoReg 2853	
19 CSR 73-2.050	Missouri Board of Nursing Home Administrators		36 MoReg 1530 36 MoReg 1635	36 MoReg 2854	
19 CSR 73-2.051	Missouri Board of Nursing Home Administrators		36 MoReg 1534 36 MoReg 1639	36 MoReg 2854	
19 CSR 73-2.053	Missouri Board of Nursing Home Administrators		36 MoReg 1534 36 MoReg 1639	36 MoReg 2855	
19 CSR 73-2.055	Missouri Board of Nursing Home Administrators		36 MoReg 1537 36 MoReg 1642	36 MoReg 2855	
19 CSR 73-2.070	Missouri Board of Nursing Home Administrators	36 MoReg 1519	36 MoReg 1539 36 MoReg 1644	36 MoReg 2855	
19 CSR 73-2.080	Missouri Board of Nursing Home Administrators		36 MoReg 1541 36 MoReg 1646	36 MoReg 2856	
19 CSR 73-2.085	Missouri Board of Nursing Home Administrators		36 MoReg 1541 36 MoReg 1646	36 MoReg 2856	
19 CSR 73-2.120	Missouri Board of Nursing Home Administrators		36 MoReg 1542 36 MoReg 1647	36 MoReg 2856	

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19 CSR 73-2.130	Missouri Board of Nursing Home Administrators		36 MoReg 1542 36 MoReg 1647	36 MoReg 2856	
20 CSR	<b>DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION</b> Construction Claims Binding Arbitration Cap				35 MoReg 654 36 MoReg 192 This Issue
20 CSR	Sovereign Immunity Limits				35 MoReg 318 This Issue
20 CSR	State Legal Expense Fund Cap				35 MoReg 654 36 MoReg 192 This Issue
20 CSR 100-5.020	Insurer Conduct	36 MoReg 2897	36 MoReg 2920		
20 CSR 1100-2.040	Division of Credit Unions		36 MoReg 2104		
20 CSR 1100-2.055	Division of Credit Unions		36 MoReg 2105		
20 CSR 1100-2.075	Division of Credit Unions		36 MoReg 2105		
20 CSR 1100-2.240	Division of Credit Unions		36 MoReg 2106		
20 CSR 2010-2.160	Missouri State Board of Accountancy	36 MoReg 1795	36 MoReg 1855	36 MoReg 2856	
20 CSR 2015-1.030	Acupuncturist Advisory Committee	36 MoReg 1173	36 MoReg 1179	36 MoReg 1939	
20 CSR 2030-2.040	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		36 MoReg 2701		
20 CSR 2030-2.050	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		36 MoReg 2701		
20 CSR 2030-11.015	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		36 MoReg 2701		
20 CSR 2030-11.035	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		36 MoReg 2702		
20 CSR 2030-14.050	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		36 MoReg 2702R		
20 CSR 2095-1.020	Committee for Professional Counselors	36 MoReg 1173	36 MoReg 1182	36 MoReg 1939	
20 CSR 2115-1.040	State Committee of Dietitians	36 MoReg 2899	36 MoReg 2922		
20 CSR 2115-2.010	State Committee of Dietitians		36 MoReg 2925		
20 CSR 2115-2.020	State Committee of Dietitians		36 MoReg 2925		
20 CSR 2115-2.040	State Committee of Dietitians		36 MoReg 2925		
20 CSR 2115-2.045	State Committee of Dietitians		36 MoReg 2926		
20 CSR 2145-1.040	Missouri Board of Geologist Registration		This Issue		
20 CSR 2150-2.004	State Board of Registration for the Healing Arts		36 MoReg 2281		
20 CSR 2150-2.005	State Board of Registration for the Healing Arts		36 MoReg 2281		
20 CSR 2150-2.015	State Board of Registration for the Healing Arts		36 MoReg 2282R 36 MoReg 2282		
20 CSR 2150-2.020	State Board of Registration for the Healing Arts		36 MoReg 2287R		
20 CSR 2150-2.030	State Board of Registration for the Healing Arts		36 MoReg 2287		
20 CSR 2150-2.035	State Board of Registration for the Healing Arts		36 MoReg 2290		
20 CSR 2150-2.100	State Board of Registration for the Healing Arts		36 MoReg 2291		
20 CSR 2150-2.150	State Board of Registration for the Healing Arts		36 MoReg 2703		
20 CSR 2150-3.010	State Board of Registration for the Healing Arts		36 MoReg 2705		
20 CSR 2150-6.010	State Board of Registration for the Healing Arts		36 MoReg 2707		
20 CSR 2150-6.020	State Board of Registration for the Healing Arts		36 MoReg 2707		
20 CSR 2150-6.040	State Board of Registration for the Healing Arts		36 MoReg 2709		
20 CSR 2150-6.062	State Board of Registration for the Healing Arts		36 MoReg 2709		
20 CSR 2220-2.675	State Board of Pharmacy	36 MoReg 2084	36 MoReg 2107		
20 CSR 2231-2.010	Division of Professional Registration		This Issue		
20 CSR 2233-1.010	State Committee of Marital and Family Therapists		36 MoReg 2926		
20 CSR 2233-1.030	State Committee of Marital and Family Therapists		36 MoReg 2926		
20 CSR 2233-1.040	State Committee of Marital and Family Therapists	36 MoReg 2900	36 MoReg 2927		
20 CSR 2233-1.050	State Committee of Marital and Family Therapists		36 MoReg 2930		
20 CSR 2233-2.020	State Committee of Marital and Family Therapists		36 MoReg 2930		
20 CSR 2233-2.021	State Committee of Marital and Family Therapists		36 MoReg 2932R 36 MoReg 2932		
20 CSR 2233-2.030	State Committee of Marital and Family Therapists		36 MoReg 2933		
20 CSR 2233-2.050	State Committee of Marital and Family Therapists		36 MoReg 2934		
20 CSR 2233-3.010	State Committee of Marital and Family Therapists		36 MoReg 2935		
20 CSR 2245-1.010	Real Estate Appraisers		36 MoReg 1752	36 MoReg 2327	
20 CSR 2245-3.010	Real Estate Appraisers		36 MoReg 1752	36 MoReg 2327	
20 CSR 2245-4.025	Real Estate Appraisers		36 MoReg 1753	36 MoReg 2328	
20 CSR 2245-6.015	Real Estate Appraisers		36 MoReg 1755	36 MoReg 2857	
20 CSR 2245-6.040	Real Estate Appraisers		36 MoReg 1756	36 MoReg 2328	
20 CSR 2245-8.010	Real Estate Appraisers		36 MoReg 1756	36 MoReg 2328	
20 CSR 2245-8.030	Real Estate Appraisers		36 MoReg 1756	36 MoReg 2328	

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20 CSR 2250-4.070	Missouri Real Estate Commission		36 MoReg 2709		
20 CSR 2250-7.070	Missouri Real Estate Commission		36 MoReg 2710		
20 CSR 2250-8.030	Missouri Real Estate Commission		36 MoReg 2710		
20 CSR 2250-8.120	Missouri Real Estate Commission		36 MoReg 2711		
<b>MISSOURI FAMILY TRUST</b>					
21 CSR 10-1.010	Director and Board of Trustees	36 MoReg 2900R	36 MoReg 2936R		
21 CSR 10-1.020	Director and Board of Trustees	36 MoReg 2901R	36 MoReg 2936R		
21 CSR 10-1.030	Director and Board of Trustees	36 MoReg 2902R	36 MoReg 2936R		
21 CSR 10-2.010	Director and Board of Trustees	36 MoReg 2902R	36 MoReg 2936R		
21 CSR 10-3.010	Director and Board of Trustees	36 MoReg 2903R	36 MoReg 2937R		
21 CSR 10-4.010	Director and Board of Trustees	36 MoReg 2904R	36 MoReg 2937R		
21 CSR 10-4.020	Director and Board of Trustees	36 MoReg 2905R	36 MoReg 2937R		
<b>MISSOURI CONSOLIDATED HEALTH CARE PLAN</b>					
22 CSR 10-1.010	Health Care Plan		36 MoReg 2711		
22 CSR 10-1.020	Health Care Plan		36 MoReg 2712		
22 CSR 10-2.010	Health Care Plan	36 MoReg 2455	36 MoReg 2712		
22 CSR 10-2.020	Health Care Plan	36 MoReg 2463R	36 MoReg 2719R		
		36 MoReg 2463	36 MoReg 2720		
22 CSR 10-2.030	Health Care Plan	36 MoReg 2471	36 MoReg 2730		
22 CSR 10-2.045	Health Care Plan	36 MoReg 2472	36 MoReg 2734		
22 CSR 10-2.051	Health Care Plan	36 MoReg 2473	36 MoReg 2735		
22 CSR 10-2.052	Health Care Plan	36 MoReg 2475	36 MoReg 2739		
22 CSR 10-2.053	Health Care Plan	36 MoReg 2476	36 MoReg 2742		
22 CSR 10-2.054	Health Care Plan		36 MoReg 2746		
22 CSR 10-2.055	Health Care Plan	36 MoReg 2477R	36 MoReg 2749R		
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22 CSR 10-2.060	Health Care Plan		36 MoReg 2756		
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22 CSR 10-2.075	Health Care Plan	36 MoReg 2482	36 MoReg 2761		
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22 CSR 10-2.091	Health Care Plan	36 MoReg 2488	36 MoReg 2769		
22 CSR 10-2.092	Health Care Plan		36 MoReg 2770R		
			36 MoReg 2770		
22 CSR 10-2.093	Health Care Plan		36 MoReg 2772R		
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22 CSR 10-2.094	Health Care Plan	36 MoReg 2489	36 MoReg 2774		
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22 CSR 10-3.010	Health Care Plan	36 MoReg 2491	36 MoReg 2778		
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22 CSR 10-3.057	Health Care Plan	36 MoReg 2508R	36 MoReg 2812R		
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22 CSR 10-3.070	Health Care Plan		36 MoReg 2823		
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22 CSR 10-3.090	Health Care Plan	36 MoReg 2516	36 MoReg 2827		
22 CSR 10-3.092	Health Care Plan		36 MoReg 2832R		
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22 CSR 10-3.100	Health Care Plan	36 MoReg 2519	36 MoReg 2837		

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<b>Department of Agriculture</b>			
<b>Animal Health</b>			
2 CSR 30-9.010	Animal Care Facilities Definitions . . . . .	.36 MoReg 1885 . . . . .	July 21, 2011 . . . . .Feb. 23, 2012
2 CSR 30-9.020	Animal Care Facility Rules Governing Licensing, Fees, Reports, Record Keeping, Veterinary Care, Identification, and Holding Period . . . . .	.36 MoReg 1887 . . . . .	July 21, 2011 . . . . .Feb. 23, 2012
2 CSR 30-9.030	Animal Care Facilities Minimum Standards of Operation and Transportation . . . . .	.36 MoReg 1889 . . . . .	July 21, 2011 . . . . .Feb. 23, 2012
<b>Plant Industries</b>			
2 CSR 70-45.005	Noxious Weed List . . . . .	.36 MoReg 2083 . . . . .	Aug. 28, 2011 . . . . .Feb. 23, 2012
<b>Department of Higher Education</b>			
<b>Commissioner of Higher Education</b>			
6 CSR 10-11.010	Nursing Education Incentive Program . . . . .	.36 MoReg 2221 . . . . .	Oct. 3, 2011 . . . . .March 30, 2012
<b>Department of Mental Health</b>			
<b>Director, Department of Mental Health</b>			
9 CSR 10-5.240	Health Home . . . . .	.Feb. 1, 2012, Issue . . . . .	Jan. 1, 2012 . . . . .June 28, 2012
9 CSR 10-31.030	Intermediate Care Facility for the Mentally Retarded Federal Reimbursement Allowance . . . . .	.36 MoReg 2083 . . . . .	Oct. 1, 2011 . . . . .March 28, 2012
<b>Department of Public Safety</b>			
<b>Office of the Director</b>			
11 CSR 30-12.010	Payment for Sexual Assault Forensic Examinations . . . . .	.Next Issue . . . . .	Dec. 17, 2011 . . . . .June 13, 2012
<b>Department of Natural Resources</b>			
<b>Clean Water Commission</b>			
10 CSR 20-6.010	Construction and Operating Permits . . . . .	.36 MoReg 1892 . . . . .	Oct. 31, 2011 . . . . .April 27, 2012
<b>Department of Revenue</b>			
<b>Director of Revenue</b>			
12 CSR 10-41.010	Annual Adjusted Rate of Interest . . . . .	.36 MoReg 2455 . . . . .	Jan. 1, 2012 . . . . .June 28, 2012
<b>Department of Social Services</b>			
<b>MO HealthNet Division</b>			
13 CSR 70-10.016	Global Per Diem Adjustments to Nursing Facility and HIV Nursing Facility Reimbursement Rates . . . . .	.36 MoReg 2222 . . . . .	Oct. 1, 2011 . . . . .March 28, 2012
13 CSR 70-10.030	Prospective Reimbursement Plan for Nonstate-Operated Facilities for ICF/MR Services . . . . .	.36 MoReg 2224 . . . . .	Oct. 1, 2011 . . . . .March 28, 2012
13 CSR 70-10.110	Nursing Facility Reimbursement Allowance . . . . .	.36 MoReg 2225 . . . . .	Oct. 1, 2011 . . . . .March 28, 2012
13 CSR 70-15.110	Federal Reimbursement Allowance (FRA) . . . . .	.36 MoReg 2226 . . . . .	Oct. 1, 2011 . . . . .March 28, 2012
13 CSR 70-15.160	Prospective Outpatient Hospital Services Reimbursement Methodology . . . . .	.36 MoReg 2227 . . . . .	Oct. 1, 2011 . . . . .March 28, 2012
<b>Department of Health and Senior Services</b>			
<b>Missouri Board of Nursing Home Administrators</b>			
19 CSR 73-2.010	Definitions . . . . .	.36 MoReg 1515 . . . . .	May 15, 2011 . . . . .Feb. 23, 2012
19 CSR 73-2.020	Procedures and Requirements for Licensure of Nursing Home Administrators . . . . .	.36 MoReg 1516 . . . . .	May 15, 2011 . . . . .Feb. 23, 2012
19 CSR 73-2.022	Procedures and Requirements for Licensure of Residential Care and Assisted Living Administrators . . . . .	.36 MoReg 1517 . . . . .	May 15, 2011 . . . . .Feb. 23, 2012
19 CSR 73-2.025	Licensure by Reciprocity . . . . .	.36 MoReg 1518 . . . . .	May 15, 2011 . . . . .Feb. 23, 2012
19 CSR 73-2.070	Examination . . . . .	.36 MoReg 1519 . . . . .	May 15, 2011 . . . . .Feb. 23, 2012
<b>Department of Insurance, Financial Institutions and Professional Registration</b>			
<b>Insurer Conduct</b>			
20 CSR 100-5.020	Grievance Review Procedures . . . . .	.36 MoReg 2897 . . . . .	Jan. 1, 2012 . . . . .June 28, 2012
<b>Missouri State Board of Accountancy</b>			
20 CSR 2010-2.160	Fees . . . . .	.36 MoReg 1795 . . . . .	July 10, 2011 . . . . .Feb. 23, 2012

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<b>Acupuncturist Advisory Committee</b>			
20 CSR 2015-1.030 Fees	.36 MoReg 1173	April 11, 2011	Jan. 18, 2012
<b>Committee for Professional Counselors</b>			
20 CSR 2095-1.020 Fees	.36 MoReg 1173	April 11, 2011	Jan. 18, 2012
<b>State Committee of Dietitians</b>			
20 CSR 2115-1.040 Fees	.36 MoReg 2899	Dec. 20, 2011	June 16, 2012
<b>State Board of Pharmacy</b>			
20 CSR 2220-2.675 Standards of Operation/Licensure for Class L Veterinary Pharmacies	.36 MoReg 2084	Sept. 8, 2011	March 5, 2012
<b>State Committee of Marital and Family Therapists</b>			
20 CSR 2233-1.040 Fees	.36 MoReg 2900	Nov. 25, 2011	May 22, 2012
<b>Missouri Family Trust</b>			
<b>Director and Board of Trustees</b>			
21 CSR 10-1.010 General Organization	.36 MoReg 2900	Nov. 25, 2011	May 22, 2012
21 CSR 10-1.020 Definitions	.36 MoReg 2901	Nov. 25, 2011	May 22, 2012
21 CSR 10-1.030 Meetings of the Board of Trustees	.36 MoReg 2902	Nov. 25, 2011	May 22, 2012
21 CSR 10-2.010 Terms and Conditions of the Missouri Family Trust	.36 MoReg 2902	Nov. 25, 2011	May 22, 2012
21 CSR 10-3.010 Charitable Trust Regulations	.36 MoReg 2903	Nov. 25, 2011	May 22, 2012
21 CSR 10-4.010 Administrative Fees for Missouri Family Trust Accounts	.36 MoReg 2904	Nov. 25, 2011	May 22, 2012
21 CSR 10-4.020 Administrative Fees for the Charitable Trust	.36 MoReg 2905	Nov. 25, 2011	May 22, 2012
<b>Missouri Consolidated Health Care Plan</b>			
<b>Health Care Plan</b>			
22 CSR 10-2.010 Definitions	.36 MoReg 2455	Jan. 1, 2012	June 28, 2012
22 CSR 10-2.020 General Membership Provisions (Rescission)	.36 MoReg 2463	Jan. 1, 2012	June 28, 2012
22 CSR 10-2.020 General Membership Provisions	.36 MoReg 2463	Jan. 1, 2012	June 28, 2012
22 CSR 10-2.030 Contributions	.36 MoReg 2471	Jan. 1, 2012	June 28, 2012
22 CSR 10-2.045 Plan Utilization Review Policy	.36 MoReg 2472	Jan. 1, 2012	June 28, 2012
22 CSR 10-2.051 PPO 300 Plan Benefit Provisions and Covered Charges	.36 MoReg 2473	Jan. 1, 2012	June 28, 2012
22 CSR 10-2.052 PPO 600 Plan Benefit Provisions and Covered Charges	.36 MoReg 2475	Jan. 1, 2012	June 28, 2012
22 CSR 10-2.053 High Deductible Health Plan Benefit Provisions and Covered Charges	.36 MoReg 2476	Jan. 1, 2012	June 28, 2012
22 CSR 10-2.055 Medical Plan Benefit Provisions and Covered Charges (Rescission)	.36 MoReg 2477	Jan. 1, 2012	June 28, 2012
22 CSR 10-2.055 Medical Plan Benefit Provisions and Covered Charges	.36 MoReg 2478	Jan. 1, 2012	June 28, 2012
22 CSR 10-2.075 Review and Appeals Procedure	.36 MoReg 2482	Jan. 1, 2012	June 28, 2012
22 CSR 10-2.090 Pharmacy Benefit Summary	.36 MoReg 2486	Jan. 1, 2012	June 28, 2012
22 CSR 10-2.091 Wellness Program Coverage, Provisions, and Limitations	.36 MoReg 2488	Nov. 25, 2011	May 22, 2012
22 CSR 10-2.094 Tobacco-Free Incentive Provisions and Limitations	.36 MoReg 2489	Nov. 25, 2011	May 22, 2012
22 CSR 10-2.095 TRICARE Supplement Plan	.36 MoReg 2490	Jan. 1, 2012	June 28, 2012
22 CSR 10-2.100 Fully-Insured Medical Plan Provisions	.36 MoReg 2491	Jan. 1, 2012	June 28, 2012
22 CSR 10-3.010 Definitions	.36 MoReg 2491	Jan. 1, 2012	June 28, 2012
22 CSR 10-3.020 Subscriber Agreement and General Membership Provisions (Rescission)	.36 MoReg 2498	Jan. 1, 2012	June 28, 2012
22 CSR 10-3.020 General Membership Provisions	.36 MoReg 2499	Jan. 1, 2012	June 28, 2012
22 CSR 10-3.045 Plan Utilization Review Policy	.36 MoReg 2505	Jan. 1, 2012	June 28, 2012
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22 CSR 10-3.054 PPO 2000 Plan Benefit Provisions and Covered Charges	.36 MoReg 2507	Jan. 1, 2012	June 28, 2012
22 CSR 10-3.057 Medical Plan Benefit Provisions and Covered Charges (Rescission)	.36 MoReg 2508	Jan. 1, 2012	June 28, 2012
22 CSR 10-3.057 Medical Plan Benefit Provisions and Covered Charges	.36 MoReg 2509	Jan. 1, 2012	June 28, 2012
22 CSR 10-3.075 Review and Appeals Procedure	.36 MoReg 2513	Jan. 1, 2012	June 28, 2012
22 CSR 10-3.090 Pharmacy Benefit Summary	.36 MoReg 2516	Jan. 1, 2012	June 28, 2012
22 CSR 10-3.100 Fully-Insured Medical Plan Provisions	.36 MoReg 2519	Jan. 1, 2012	June 28, 2012

# Executive Orders

Executive Orders	Subject Matter	Filed Date	Publication
	<b>2011</b>		
<b>11-25</b>	Extends the declaration of emergency contained in Executive Order 11-06 (and extended by Executive Orders 11-09, 11-19, and 11-23) until March 15, 2012, unless extended in whole or part by subsequent order. Further Executive Orders 11-07, 11-11, and 11-14 are extended until March 15, 2012, unless extended in whole or part by subsequent order	Dec. 14, 2011	Next Issue
<b>11-24</b>	Designates members of the governor's staff to have supervisory authority over certain departments, divisions, and agencies	Nov. 18, 2011	This Issue
<b>11-23</b>	Extends Executive Order 11-20 until October 15, 2011, and extends Executive Orders 11-06, 11-07, 11-08, 11-11, 11-14, and 11-18 until December 18, 2011	Sept. 13, 2011	36 MoReg 2157
<b>11-22</b>	Designates members of the governor's staff to have supervisory authority over certain departments, divisions, and agencies	July 26, 2011	36 MoReg 1979
<b>11-21</b>	Authorizes the Joplin Public School system to immediately begin to retrofit, equip, and furnish various buildings to house students during the 2011-2012 school year without requiring advertisements for bids	June 17, 2011	36 MoReg 1800
<b>11-20</b>	Extends certain terms of Executive Order 11-12 to help Missouri citizens impacted by the Joplin tornado of April 22, 2011	June 17, 2011	36 MoReg 1798
<b>11-19</b>	Extends certain terms of Executive Orders 11-06, 11-07, 11-08, 11-10, 11-11, 11-13, 11-14, 11-15, 11-16, and 11-18 until September 15, 2011	June 17, 2011	36 MoReg 1796
<b>11-18</b>	Activates the state militia in response to flooding events occurring and threatening along the Missouri River	June 8, 2011	36 MoReg 1739
<b>11-17</b>	Establishes the State of Missouri Resource, Recovery & Rebuilding Center in the City of Joplin in response to a tornado that struck there on May 22, 2011	June 7, 2011	36 MoReg 1737
<b>11-16</b>	Authorizes the Joplin Public Schools to immediately begin to retrofit and furnish warehouse and retail structures to house district programs displaced by the tornado and severe storms on May 22, 2011, without requiring advertisements for bids	June 3, 2011	36 MoReg 1735
<b>11-15</b>	Authorizes the Joplin Public School system to immediately rebuild, restore, and/or renovate Emerson Elementary, Kelsey Norman Elementary, Old South Middle School, and Washington Education Center without requiring advertisement for bids	June 1, 2011	36 MoReg 1594
<b>11-14</b>	Activates the state militia in response to a tornado that hit the City of Joplin on May 22, 2011	May 26, 2011	36 MoReg 1592
<b>11-13</b>	Authorizes the Joplin Public Schools system to immediately begin rebuilding and replacing the materials for three of its buildings that were destroyed in a tornado that struck on May 22, 2011, without requiring advertisement for bids	May 26, 2011	36 MoReg 1590
<b>11-12</b>	Orders the director of the Department of Insurance, Financial Institutions and Professional Registration to temporarily waive, suspend, and/or modify any statute or regulation under his purview in order to best serve the interests of those citizens affected by the tornado that hit the city of Joplin on May 22, 2011	May 26, 2011	36 MoReg 1587
<b>11-11</b>	Orders the director of revenue to issue duplicate or replacement license, nondriver license, certificate of motor vehicle ownership, number plate, or tabs lost or destroyed as a result of the tornado that hit the city of Joplin and to waive all state fees and charges for such duplicate or replacement	May 26, 2011	36 MoReg 1585
<b>11-10</b>	Orders the Missouri Department of Health and Senior Services and the State Board of Pharmacy to temporarily waive certain rules and regulations to allow medical practitioners and pharmacists responding to the tornado and severe storms in Joplin to best serve the interests of public health and safety	May 24, 2011	36 MoReg 1583
<b>11-09</b>	Extends Executive Orders 11-06, 11-07, and 11-08 through June 20, 2011	May 20, 2011	36 MoReg 1581
<b>11-08</b>	Activates the state militia in response to severe weather that began on April 22	April 25, 2011	36 MoReg 1449
<b>11-07</b>	Gives the director of the Department of Natural Resources the authority to temporarily suspend regulations in the aftermath of severe weather that began on April 22	April 25, 2011	36 MoReg 1447
<b>11-06</b>	Declares a state of emergency for the state of Missouri and activates the Missouri State Emergency Operations Plan due to severe weather that began on April 22	April 22, 2011	36 MoReg 1445

**Executive  
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	<b>Subject Matter</b>	<b>Filed Date</b>	<b>Publication</b>
<b>11-05</b>	Orders the Missouri Department of Transportation to assist local jurisdictions in counties that: 1) received record snowfalls; and 2) continuing snow clearance exceeds their capabilities	Feb. 4, 2011	36 MoReg 883
<b>11-04</b>	Activates the state militia in response to severe weather that began on January 31, 2011	Jan. 31, 2011	36 MoReg 881
<b>11-03</b>	Declares a state of emergency exists in the state of Missouri and directs that the Missouri State Emergency Operations Plan be activated	Jan. 31, 2011	36 MoReg 879
<b>11-02</b>	Extends the declaration of emergency contained in Executive Order 10-27 and the terms of Executive Order 11-01 through February 28, 2011	Jan. 28, 2011	36 MoReg 877
<b>11-01</b>	Gives the Director of the Department of Natural Resources the authority to temporarily suspend regulations in the aftermath of severe winter weather that began on December 30	Jan. 4, 2011	36 MoReg 705



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